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ABSTRACT

An administrative and curriculum guide are presented for the High School/Preschool Partnership Program in which high school students gain experience with handicapped preschoolers in a mainstreamed setting. The program is intended to expand services to high schoolers (parenting skills and career skills) as well as preschoolers. The administrative guide provides basic information about the program, component descriptions, program development formats, program benefits, potential implementation problems, program specifications and variations, evaluation data, and cost background. The curriculum guide, designed for teachers, describes the daily operation of the program and provides lessons for the high school students about handicapped preschoolers. Materials include background for teachers on special education and early intervention, schedules for high school and preschool students, lessons and activities to prepare high schoolers to work with handicapped students, evaluation materials for the teacher, and resources. (CL)

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High School/Preschool Partnership Program

Administrative Guide [and] Curriculum Guide

Field Test Edition

Countryside High School, Clearwater, Florida
School Board of Pinellas County, Florida

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HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM

ADMINISTRATIVE GUIDE

FIELD TEST EDITION

COUNTRYSIDE HIGH SCHOOL • CLEARWATER, FLORIDA
SCHOOL BOARD OF PINELLAS COUNTY, FLORIDA

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The INFANT - TODDLER SCREENING PROGRAM is part of the activities of the HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM located in the School District of Pinellas County, Florida.

The HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM is a demonstration project funded through the Handicapped Children's Early Education Program (HCEEP) of the Office of Special Education of the United States Department of Education.

This guide is designed to assist others in developing an Interagency Infant - Toddler Screening Program. The policies and procedures expressed herein are the sole responsibility of the HIGH SCHOOL/ PRESCHOOL PARTNERSHIP PROGRAM.

Janelle R. Johnson-Jenkins, Ph.D.
Project Manager

November, 1985

HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM

(AN OVERVIEW)

WHAT IS THE HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM?

The High School/Preschool Partnership Program is the combination of a High School Child Care Preparation course and a class for preschool handicapped children. The high school program, which includes experience with non-handicapped preschoolers in a laboratory program, is expanded. The high school students have experience with handicapped children in a mainstreamed setting. The handicapped preschoolers benefit from mainstreaming with their non-handicapped age-mates and also receive individualized attention in this setting.

WHY WAS THE PROGRAM DESIGNED?

The High School/Preschool Partnership program was designed to expand the services to students in high school and in preschool handicapped classes. Benefits to the school district and to the community-at-large include:

1. **High School Students**
   By including handicapped children in the child care program, the high school students' employment skills and awareness of alternative careers are expanded.

2. **Handicapped Preschoolers**
   The program provides an additional option on the "continuum of services" for handicapped preschoolers. It provides a setting where the children can be mainstreamed with their peers.

3. **School District**
   Utilization of two sets of resources (the high school child care program and the prekindergarten handicapped class) has the potential to be more cost-effective and to assist in reducing duplication of some materials.

4. **Community**
   The community will have more potential child care workers who have a background in working with handicapped children. This will enable more day care openings for handicapped children allowing the parents to return to work, participate in self-improvement, and/or recreational activities.

WHAT ARE THE SPECIFIC OBJECTIVES OF THE PROGRAM?

1. 100% of the high school child care students will have experience and hands-on involvement with preschool children with handicaps.
2. The high school child care program will include expanded information on handicapping conditions and careers related to working with handicapped children.
3. The high school child care students will increase their knowledge of child development, characteristics of handicapped children and of early intervention techniques.
4. 100% of the handicapped preschool children will receive an appropriate education including necessary therapies and special services.
5. Handicapped preschoolers will be fully integrated with their non-handicapped peers when both groups of children are present.
6. The developmental gaps of the preschool handicapped children will be reduced.
7. Handicapped preschoolers will be placed closer to the mainstream when they enter kindergarten than would have been expected given their developmental levels when they entered the High School/Preschool Partnership Program.
8. The availability of community children care service providers willing to accept handicapped children will be increased as the high school students graduate from this program.

WHAT ARE THE COMPONENTS OF THE PROGRAM?

High School Component

Courses in Child Care are offered through the Home Economices (or other appropriate) Program. The courses are designed to prepare students for positions in the field of child care. The program also introduces them to careers in allied education and human service fields. The courses include experience with 3 to 5 year old children from the community in the Home Economics laboratory preschool.

Handicapped Preschool Component

This is a full-time cross-categorical class for 3- to 5 year old handicapped children. The children are mildly to moderately handicapped. Children whose primary handicaps are emotional in nature may be excluded. These children do offer an additional challenge to the high school students and frequently do not meet the criteria for "mainstream-ability." The class is staffed with a "varying exceptionalities prekindergarten teacher and an aide.

Program Expansion

Prior to this program the students in the high school class have probably received only a brief introduction to the needs of handicapped children in the preschool and later years. The combined program adds lectures on the common handicapping conditions and specific suggestions for dealing with these children in the preschool setting. Related careers and requirements are discussed. In addition, the Child Care students have the opportunity to work with handicapped preschoolers on an almost daily basis.

The Program expansion provides the opportunity for the handicapped children to be mainstreamed with their peers (3 to 5 year olds) who are not handicapped. The children are fully mainstreamed during the hours that the laboratory preschool is in operation.

WHAT PROGRAMS DO I NEED TO REPLICATE THE HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM?

Child Care Preparation Program

A secondary or post-secondary level child care training class is the first requirement for being able to implement the High School/Preschool Partnership Program. In the public schools this will most often be located in Home Economics and/or Vocational Education Programs. It could be located in a Psychology or Child Development Program, or at the post-secondary level, in an Early Childhood or Education Program.

The program should include:

- information on child care/early childhood curriculum
- information on handicaps and the needs of handicapped children
- a laboratory experience in a mainstreamed environment

Mainstreamed Preschool Setting

Mainstreaming is the integration of handicapped children with their non-handicapped peers. The preschool program must be a program of 20 to 30 children with a ratio of non-handicapped children to handicapped children of 2:1 or 3:1. If you drop below a 3:1 ratio there are not enough handicapped children to provide the students with a sound experience. If you exceed the 2:1 ratio the mainstreaming benefits are lost.

While a combination of a school district handicapped preschool program with a laboratory program is preferable, it is not absolutely essential as long as the mainstream situation exists. However, the benefits of having a school district preschool handicapped program involved are that it provides:

- more adult supervisory personnel for both children and students.
- a greater opportunity to meet the handicapped children's needs.
- a continuum of services for handicapped preschoolers.

WHAT IS AVAILABLE TO ASSIST IN ADOPTING THIS PROGRAM?

There are two materials that will be of great assistance in adopting the **HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM**:

The **ADMINISTRATIVE GUIDE** is designed for use by administrators, and supervisors interested in the program. It provides:

- basic information about the program
- descriptions of the components
- program development formats
- benefits of the program
- potential problems in implementation
- program specifications and variations
- evaluation information
- cost background

The **CURRICULUM GUIDE** is designed for use by the teachers involved in the program. It describes the daily operation of the program and provides lessons for the high school students about handicapped preschoolers. The materials included are:

- background for the teacher on special education and early intervention
- semester, weekly, and daily schedules for both high school and preschool children
- lessons and activities to prepare the high school students to work with handicapped children
- evaluation materials for the teacher
- resources

OTHER AVAILABLE RESOURCES:

PREPARING CHILD CARE WORKERS IN A MAINSTREAMED SETTING is a slide/tape presentation showing the program in operation.

The **INFANT-TODDLER SCREENING PROGRAM GUIDE** presents a community-based screening program utilizing an interdisciplinary approach with milti-agency involvement. This screening program is designed for children from birth to three years of age.

ALL MATERIALS ARE AVAILABLE FROM:

HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM
Countryside High School
3000 State Road 580
Clearwater, FL 33519 **(813) 797-3138**

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HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM
ADMINISTRATIVE GUIDE

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At this point it is also important to acknowledge the members of the Advisory Committee who have served us well and who have not previously been noted:

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"WHAT TERMS ARE NEEDED TO UNDERSTAND THIS GUIDE?"

Students = this term is used through this manual to indicate the high school or post-secondary students enrolled in the child care courses.

Community children = 3 to 5 year old children from the community who attend the laboratory preschool run by the home economics department.

Handicapped children = 3 to 5 year old handicapped children enrolled in the cross-categorical preschool program. The children have mild to moderate handicaps in a variety of areas with the exception of emotionally handicapped children.

Children = this term is used to indicate all the 3 to 5 year olds involved in the High School/preschool Partnership Program.

Least Restrictive Environment/Alternative = the educational placement of a handicapped child where the child can learn the best. The setting should be as close to the typical setting of the child's non-handicapped peers while providing the individual with the most appropriate education possible.

Individual Educational Plan (IEP) = a document detailing the educational program of a handicapped child.

Mainstreaming = the integration of handicapped and non-handicapped children both physically and academically in the program.

Child care courses = classes at the secondary and post-secondary level which prepare students to work with young children.

Special education = programming designed to meet the special needs of children with various handicapping conditions.

I.

THE PARTNERSHIP

THE PARTNERSHIP

This Chapter consists of two parts:

A. Program Components
B. Anticipated Outcomes

Both of these areas must be clearly delineated before the program is developed. The components that are needed and their parameters should be determined to assist in their development and alteration. Similarly, if specific goals are not set as one starts, the concept will be difficult to explain to others.

PROGRAM COMPONENTS

Four basic components are discussed in this chapter:

1. The Child Care Program - a high school class designed to teach vocational child care skills. The discussion covers credit, overall course content, and scheduling.
2. The Community Laboratory School - a preschool program designed to provide experiences for the high school child care students.
3. Cross-Categorical Handicapped Preschool Class - a school district program designed to provide early intervention for handicapped preschoolers.
4. Parents - the concerns of all parents with children in the High School/Preschool Partnership Program.

1. HOME ECONOMICS CHILD CARE PROGRAM.

The High School Child Care program is crucial to, and a primary focus of the High School/Preschool Partnership Program. The child care program may be located in various departments including Home Economics, Psychology, Child Development, or Social Sciences. The course should include a review of child development. It should emphasize children's needs and methods of working with preschool age children. The implementation of the High School/Preschool Partnership will require the addition of specific information about handicapped children and their special needs. (See the Curriculum Guide). In addition, the course should provide a laboratory preschool classroom experience.

> *The pilot program which is referred to throughout this guide is located in the Home Economics Department. It is conducted on a vocational preparation level. The course as described below meets Florida State Curriculum Instructional Standards. The additional material related to handicapped children does not alter this.*

For a successful program, child care classes must be in session for three to four hours. If the classes cover a shorter period of time it will be difficult to run the necessary laboratory component. The time requirement can be met by a single class of a three-period duration or two classes which each require two periods and which occur consecutively. The course arrangement will depend on student course credit and course enrollment.

> *In Florida, state recommended enrollment in each child care class is generally limited to 15 to 18 students. Thus, the pilot program has had two child care classes covering four periods to accommodate the 30-40 students wishing to take the class. By experience, the enrollment is optimum at 15 to 18 students. Occasionally the enrollment has exceeded 18 and this does result in more management problems. Similarly, fewer than 15 students can cause difficulties unless the students are extremely capable.*
>
> *In the pilot program one class is usually a class of students just entering child care. The other class is composed of students enrolled for the second time. When necessary, students of the two levels have been mixed. This presents some problems in terms of differentiation of instruction although they are not insurmountable.*

The child care course should include planning, scheduling, health, safety and nutrition, with an emphasis on materials, instructional techniques and activities that encourage the preschool child's development.

▲ VOCATIONAL PREPARATION COURSE.

In Florida this course is entitled "Child Care and Guidance Services." The emphasis of the course is on careers related to Child Care and teaching. In the advanced level class, the exceptional education emphasis includes programs for gifted children, related careers, expectations for children, assessments and the writing of individual education plans. Both courses utilize lectures, activities, experience in the laboratory program, and field trips. In addition to the varied instructional techniques and laboratory experience utilized in the first course, the advanced students have the opportunity to work in the community and to observe a variety of child care programs including preschools, kindergartens, handicapped preschool programs, and play groups. If the course is taken more than two times, the community experience becomes a concentrated one in a single placement.

▲ STUDENT ENROLLMENT.

General guidelines to enter the program sequence should include a grade of C or better in a Child Development course and permission of the Child Development instructor, if such a prerequisite course exists. In giving permission the instructor must consider such factors as attitude, desire to work with children, self-directedness and a willingness to work. These abilities are as important as knowledge of children's needs for success in these courses. By setting prerequisites, an appropriate level of ability in the "preschool teachers" (high school students) is more likely. The courses require a certain degree of maturity. Students who look at the program as playing with children and "fun'n'games" do not do well and are usually unhappy.

Enrollment in subsequent semesters of the Child Care program should be dependent upon performance at the beginning level. Positive relationships with preschool students and the ability to apply what has been taught are critical requirements. However, just as important is the demonstration of taking responsibility for one's self and for the preschool class.

The ability to make such judgements and have control of student enrollment is crucial to the success of the program.

▲ COURSE PROGRAMMING.

The program is designed to cover two semesters. The first semester is Child Care I or the introductory course. The second semester is for the advanced course, Child Care II. In programs that run for the full school year, rather than as two semester courses, both sets of lessons can be incorporated over the year.

As noted earlier, two consecutive periods daily, for each class, is appropriate to meet the instructional and laboratory requirements of the program. One or two days each week should be devoted solely to the high school instruction. The other days are laboratory preschool days. It may also be preferable to have several weeks for instruction only at the beginning of the course.

▲ GRADING AND CREDIT.

The pilot program offers Child Care I and II on a semester basis. The students earn 1 credit and are registered for two consecutive periods each day. The semester is 18 weeks long. The first five weeks are devoted to instruction in both courses. The advanced class spends two days per week in their first community placement. From Week 6 to Week 18 the laboratory preschool is in session three days per week. The introductory class spends two days a week on continued instruction and teaching seminar activities, while the advanced class members spend one day on these and one day in community placements.

CHILD CARE I (Periods 2 & 3	Instruction 5 days/week	Instruction 2 days/week Laboratory Preschool 3 days/week
CHILD CARE II (periods 4 & 5)	Instruction 3 days/week Community 1 day/week	Instruction 1 day/week Laboratory Preschool 3 days/week Community Placement 1 day/week

beginning week 6

6 weeks' end grading period

12 weeks' end grading period

18 weeks' end of semester

Table 1: Semester Outline

Students are graded every six weeks. The first grading periods include preschool participating grades. All beginning students maintain on-going notebooks which are continued during advanced classes.

REMEMBER:

The child care course and its requirements are a primary facet of a successful High School/Preschool Partnership Program. Registration should involve a two-period block, prerequisites and instructor permission. Thus, the prerequisites must be offered. Course length and credit need also to be determined. The course must comply with state and district standards. Assistance must be available to the high school teacher in implementing the curriculum. This assistance will be in the form of consultans in special education and aid from supervisors to facilitate scheduling, etc.

2. COMMUNITY/LABORATORY PRESCHOOL.

The laboratory preschool can serve fifteen to twenty children aged 3 to 5 years from the general community. It is a recommended part of the child care classes in Florida and is operated by the Home Economics Department of the high school.

The Home Economics Child Care teacher serves as the preschool's director and oversees all aspects including planning, instruction, record keeping, fee collection and supply attainment. Equipment can be purchased through school funds and other sources such as federal and state grants, vocational block money, etc. The children's fees pay for materials and snack supplies. A fee of $1.00-$2.00 per morning for each child and a $10.00 initial registration fee should be sufficient. (Parents do not object as this fee is considerably less than private day care facilities charge.) In as far as possible, the preschool should meet current day care center licensing and health requirements, although being under the school system as a demonstration program this usually is not legally required.

Children are referred to the program by their parents and a waiting list should be maintained. The laboratory preschool will only operate part-time. It should be operational at least three mornings per week, 12 weeks each semester for three hours per day. Some programs will be able to expand to four days per week, most of the semester for four (or more) hours each day. Children are selected on a first-come, first-served basis within the following guidelines: An even ratio of boys to girls and of 3 year olds to 4 year olds is desirable. (Utilizing the school district's method of determining kindergarten admittance age is a satisfactory method of determining the child's age for the preschool.) Exceptions may be made to accommodate particular situations which will enhance the high school students' as well as the preschoolers' experiences. Such exceptions would include twins, a bilingual child, a foreign-born child, or variations in racial or ethnic backgrounds from the norm. Once in the program, the child's continued placement is recommended unless the child is withdrawn by the parent.

> *The pilot program operates three mornings per week, 13 weeks each semester, for 3 1/2 hours. It works on a $1.00/day fee with a $10.00 registration fee. It has met all day care licensing standards with the exception of child-sized toilets. The 20 children have included twins and a non-English speaking child.*

Structured and unstructured activities as well as large group, small group and individual instruction should be included. A developmental framework with curriculum emphasis on Fine and Gross Motor Skills, Language Development and Socialization provides a solid program designed to prepare children for Kindergarten.

REMEMBER:

If the preschool laboratory school is to be self-sufficient, a fee must be established as well as a method for handling the money. Health and Day Care Licensing standards need to be considered as well.

3. CROSS-CATEGORICAL HANDICAPPED PRESCHOOL CLASS.

The Cross Categorical Handicapped Preschool class is part of the school district's exceptional student education program and should serve three to five year old children with a variety of handicapping conditions. In florida, prekindergarten special education is permissive; recommended class size is ten children with a Special Education teacher and an aide. The program is full-time, five days per week, and additional services and programs such as language, speech, occupational therapy, physical therapy, mobility or auditory training, etc., as well as adaptive equipment are provided to meet each child's needs and prescribed program. When the community program is in session, the children are fully mainstreamed.

▲ ELIGIBILITY

Mild to moderately handicapped children are eligible for the program as long as the need for educational intervention meets the district's eligibility criteria and age standards. Children may exhibit handicaps in one or more of the following areas: speech and language, vision, physical impairment, specific learning disabilities, mild to moderate hearing loss, mild mental retardation or mildly autistic. Children whose handicap is considered severe in nature are not eligible.

> *The district where the pilot program is located provides special programs staffed with teachers and mental health workers for emotionally handicapped children, so children whose primary handicap is emotional have not been included in the pilot program. This does not mean these children have to be excluded if the program is appropriate for them.*

The exceptional student category into which the child is placed is dependent upon the child meeting the district's eligibility criteria for that area. A comprehensive evaluation and recommendation for placement by a multi-disciplinary team is required. In addition, it is necessary to take into consideration the expected ability of the child to not only cope but to benefit in the mainstreamed setting. All handicapped students must have Individual Educational Plans (IEPs) which are reviewed and updated at least once each year.

▲ PLACEMENT

After placement in the program, if the child is not making appropriate progress re-evaluation may be necessary. The child may need placement in a self-contained classroom or in a totally different setting. Such decisions should be made according to district procedures. As this will impact on the high school child care program as well, the process should be facilitated as quickly as possible.

4. PARENTS.

There are, obviously, three groups of parents with whom the program is concerned:

- the parents of the high school students
- the parents of the non-handicapped preschoolers
- the parents of the handicapped preschoolers

The concerns of the parents of the high school students generally relate to their child's academic progress and to the relevance of this experience to the students' future. In response to these concerns, the school system provides regular grade reports, School Open House, and parent/teacher conferences as needed or requested.

The parents of the preschoolers, both handicapped and non-handicapped alike, are concerned about the readiness of their children for kindergarten, and about the kinds of experiences being offered to their children in the preschool program. Prior to enrollment, all parents are informed of the mainstreamed nature of the program. Newsletters should be sent home regularly and parent activities should be planned. An open-house at the beginning the the year and an end-of-the-year function such as a picnic are two ideas. Parent/teacher conferences should be available to all parents. The parents of the handicapped children are also involved in the child's initial staffing placement, in IEP development, and in parent meetings.

Other parent meetings may also be available to the parents of the preschoolers. The school district may have activities such as "Parent Awareness Conference" or informational meetings for the parents of handicapped children. The special education preschool teacher may hold meetings for the parents of children in her class. When the topics have more generalized interest, the parents of the children in the community program are also invited.

All parents should be encouraged to visit the program when they wish. Their assistance is helpful on field trips and other activities requiring many adult hands.

ANTICIPATED OUTCOMES

The High School/Preschool Partnership Program should be established with specific goals in mind. These goals should exemplify the additional purposes that can be accomplished by combining the child care and prekindergarten handicapped classes. Basic objectives of the program are discussed below:

▲ HIGH SCHOOL OBJECTIVES

1. 80% of the high school child care students enrolled in this project will increase their knowledge of prevention and early intervention techniques, developmental levels, characteristics of handicapped students and parenting skills to promote better child care by the end of each semester program.

2. 100% of the high school child care students will be provided experiential, hands-on involvement with preschool handicapped students (ages 3-5) as well as non-handicapped preschoolers by the end of each semester.

3. As this is a vocational preparation program, the availability to the community of service providers for children with handicaps will be expanded within 1-1/2 years.

The goals of the high school program reflect what the students will learn in the class in addition to the typical child care curriculum. They also indicate the importance of the experiential aspect of the program. In addition, the third objective reflects the reason for vocational programs and the benefits the changes have for the community. Indirectly it also shows the expansion of career options for the students.

▲ PRESCHOOL OBJECTIVES

1. 100% of the preschool handicapped children enrolled in the Project will be integrated with their normal peers for instructional activities when both groups are present.

2. 100% of the preschool children without handicaps will work and play with their handicapped peers.

3. 100% of the handicapped preschoolers enrolled in the Project will be placed in the most appropriate environment based on social, emotional and academic needs upon entering the public school setting at kindergarten age.

4. The developmental deficits of the handicapped preschoolers in the Project will be reduced by the end of the first school year.

5. 100% of the handicapped preschoolers enrolled in the Project will receive specific therapies pertinent to their handicapping conditions.

The objectives for the preschool program reflect the mainstreaming aspects of the program. The handicapped and non-handicapped children will be integrated, but handicapped children must also receive the appropriate related services and therapies. The goals also reflect the expectations of the participation in such programs.

II.

PROGRAM OPERATIONS

Figure 2. CHECKLIST FOR PARTNERSHIP PROGRAM DEVELOPMENT

PARTNERSHIP PROGRAM DEVELOPMENT

STEP 1: ANALYZE EXISTING PROGRAMS.

1. The Child Care Program

___ Is there a child care program?
___ Does it have a laboratory program?
___ What is its course structure?
___ What kind of time and credit requirements exist?
___ Where is it?
___ Are there state program guidelines?
___ Will this work with the existing frameworks?

2. The Cross-categorical Preschool Handicapped Program

___ Is there such a program currently?
___ Who does it serve? ____
____
___ Would mainstreaming be feasible for the children?
___ What is the class structure?
___ Where is it? Location:______________________________________
___ Is this a modification of existing program model or a new model altogether?
___ Will it fit within district guidelines?
___ Are any new programs needed? What:__________________________

3. Community Program

___ If one exists, what is the facility like? Describe:___________
____
___ Can it accommodate more children?
___ Can it accommodate children with handicaps?
___ What is the ratio of non-handicapped to handicapped children to be?
___ If a community program must be started, in addition to the facility what else needs to be decided?_____________________
____
____
___ Will advertising for students be done?
___ What should fees be? Registration:________ Weekly Fee:_________
___ How many children should be included? _________
___ What preschool curriculum base will be used?

PARTNERSHIP PROGRAM DEVELOPMENT
(continued)

4. Staff Identification

___ Is the principal willing to have it in his building?
___ Is the Child Care teacher willing to adapt?
Name: ____________________
___ Is the Preschool Handicapped teacher willing to adapt?
Name: ____________________
___ Is there a child care advisory board or other board to be considered?
___ What other staff is needed? ____________________
____

STEP 2: IDENTIFY FEASIBLE MODIFICATIONS

1. Program Location

___ Do any programs need to be moved?
Which and to where: ____________________
____
___ Is there a laboratory program?
If not, will one be started? ____________________
If not, what will be used? ____________________
___ Are materials or equipment needed?
What? ____________________
____
___ Does facility need restructuring or relocating?
What? ____________________
____

2. Program Changes

___ Does class time need restructuring?
How? ____________________
____
___ Does the high school curriculum need modification?
(See Curriculum Guide).
Needs: ____________________
____
___ Does staff need inservice?
What type? ____________________
Who? ____________________

PARTNERSHIP PROGRAM DEVELOPMENT
(continued)

3. Student Selection

___ Are there any changes in how students will be selected for the programs?
High School Students: ________________________________
____
Handicapped Preschoolers: ____________________________
____
Community Preschoolers: ______________________________
____

STEP 3: INVOLVE APPROPRIATE BOARDS AND AGENCIES

1. School Board

___ What are their requirements: ______________________
___ What timelines must be followed: ____________________
____
____
___ Are there other considerations? ______________________
____
____

2. Advisory Board

___ Who should be Members?
Day Care Licensing ____________________________
Child Care ____________________________________
Special Ed ____________________________________
Others ______________________________________
____
___ What will their duties be?
____
____

FACILITY REQUIREMENTS

The physical facility requires a minimum of three areas. These include a preschool classroom, an outside play area, and a room for high school instruction. Depending on the amount of space in the preschool classroom, the high school classroom may also double as additional preschool space when the laboratory program is in session. The classrooms should be accessible to each other, and the outdoor area should at least be accessible from the preschool room. A bathroom conducive to use by young children and handicapped preschoolers is important, and an area for snack preparation should be nearby. Local daycare/preschool licensing standards for facilities should be studied and should be met as closely as possible.

The outdoor area should include equipment appropriate to the size and developmental needs of three to five year olds. Grass areas and paved surfaces are important. In the classroom a wet area for art activities and eating is important. Child-size tables and space for large group activities is necessary. Adequate storage area for supplies and outdoor equipment, shelving and children's materials must be included.

Discussions may be necessary with maintenance personnel so that they understand the special sanitation needs of this area. The staff may not be aware of the special health and/or environmental needs of young children.

ROLES AND RELATIONSHIPS

Second only to the support of the building level administration and program supervisors is the ability of the professionals involved in this program to communicate with each other. The ability of the staff to function as a team will insure the success of this program. The program also necessitates a willingness to go beyond normal role definitions. It requires teachers to view students in the dual roles of student and junior colleague.

▲ CHILD CARE TEACHER.
The Child Care teacher is the primary supervisor and instructor of the high school students. She also functions as the director of the entire preschool when the community program is in progress. She should have skills and knowledge in child development and care, preschool education and supervision. If she does not have knowledge of handicapping conditions and disabled children, she must be willing to learn. Often this teacher's early childhood skill will allow her to assist the special education teacher in terms of activities and "normal" development. Home Economics certification with a major in Child Care is preferable although some vocational settings may allow Early Childhood Certification.

▲ PRESCHOOL SPECIAL EDUCATION TEACHER.
The prekindergarten special education teacher is the primary instructor of the handicapped children and the primary resource in special education for the Child Care teacher. She is a supervisor for the high school students and may occasionally be their instructor. She is the resource specialist on handicapping conditions. Certification in special education is required if the students under her are to generate federal/state funding. She should have skills and knowledge of various handicaps and education of children with handicaps, preschool education and supervision. She is also the primary supervisor of the Special Education Aide.

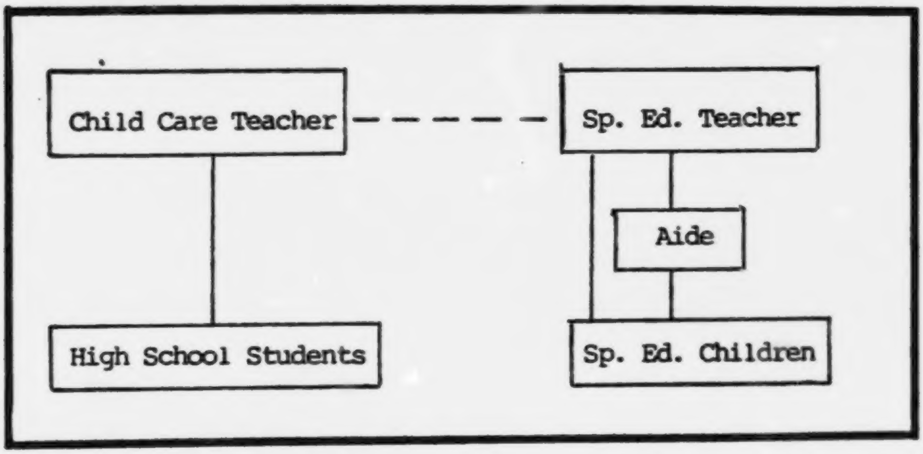
▲ SPECIAL EDUCATION AIDE.
The aide not only assists the special education teacher, but takes on supervisory duties relative to the high school students and all the children in the mainstreamed preschool. Knowledge of handicapping conditions and preschoolers is helpful. In addition, this individual must be able to work with teenagers and provide guidance to them.

▲ HIGH SCHOOL STUDENTS.
They are students first, but must learn to accept teaching, planning and other responsibilities as they are assigned. It is important for the paid staff to remember, however, that they are teenagers, not trained adults.

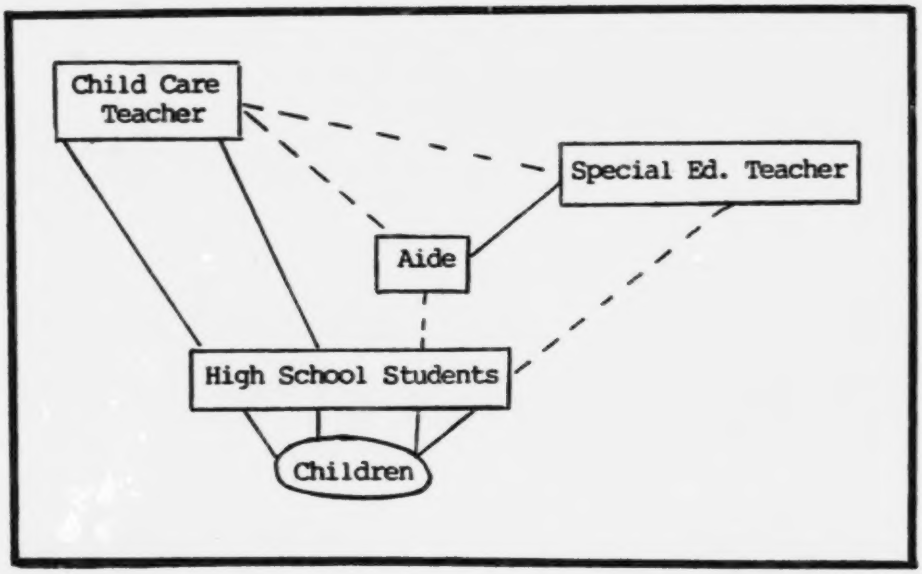
▲ STAFFING CHARTS.
As roles vary depending on whether the laboratory preschool is in session, two charts in Figure 2. may assist in your conceptualization of staff relationships.

Figure 3: STAFF RELATIONSHIPS IN THE HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM

Non-Mainstreamed Days:


Child Care Teacher
Sp. Ed. Teacher
Aide
High School Students
Sp. Ed. Children

Mainstreamed Preschool Days:


Child Care Teacher
Special Ed. Teacher
Aide
High School Students
Children

▲ TEAM TEACHING.
The Child Care Teacher and Special Education Teacher must be able to work as a team. They need to understand each other's primary role. They need to work together to assure all goals are met for all the students and children involved in the program. The Aide is also an integral part of the team. The high school students must view her as having as much authority as the teachers. Planning and cooperation are extremely important.

▲ STAFF HIRING.
Due to the variety of roles staff members must fulfill, a double interview process is recommended. After reviewing applicants' resumes, the top five to seven candidates should be interviewed by a team. The team should consist of a school administrator, program supervisors from special education and home economics, and any other existing staff. A structured interview with a set of preformulated questions hould be used in interviewing each candidate. (Figure 4 and 5.) Total scores from each interviewer should be obtained. Each candidate's group score can then be obtained by adding all the interviewers' scores. The top two or three candidates should then be interviewed by the building principal or other head administrator who will make the final decision.

AGENDA FOR INTERVIEW

I. Introductions (by administrator)

- Candidate
- Interview Team (self-introduce)

II. Review Interview Procedure

- Team Interview (members to ask questions)
- Top candidates will be asked to return for 2nd interview

III. Description of Program and Position's Responsibilities

- By Child Care Director or Program Supervisor

IV. Questions

- To be asked by various team members
- Rating Sheet

    Ratings are 1-4 or 1-6 (heavier weighted items)
    1 = low
    Anticipated positive responses are in script

V. Candidate's turn to ask questions

VI. Closing Summary (by administrator)

- Parameters of position (hours, days, salary)
- Summation of expectations. timeline. etc.

Figure 4. INTERVIEW AGENDA

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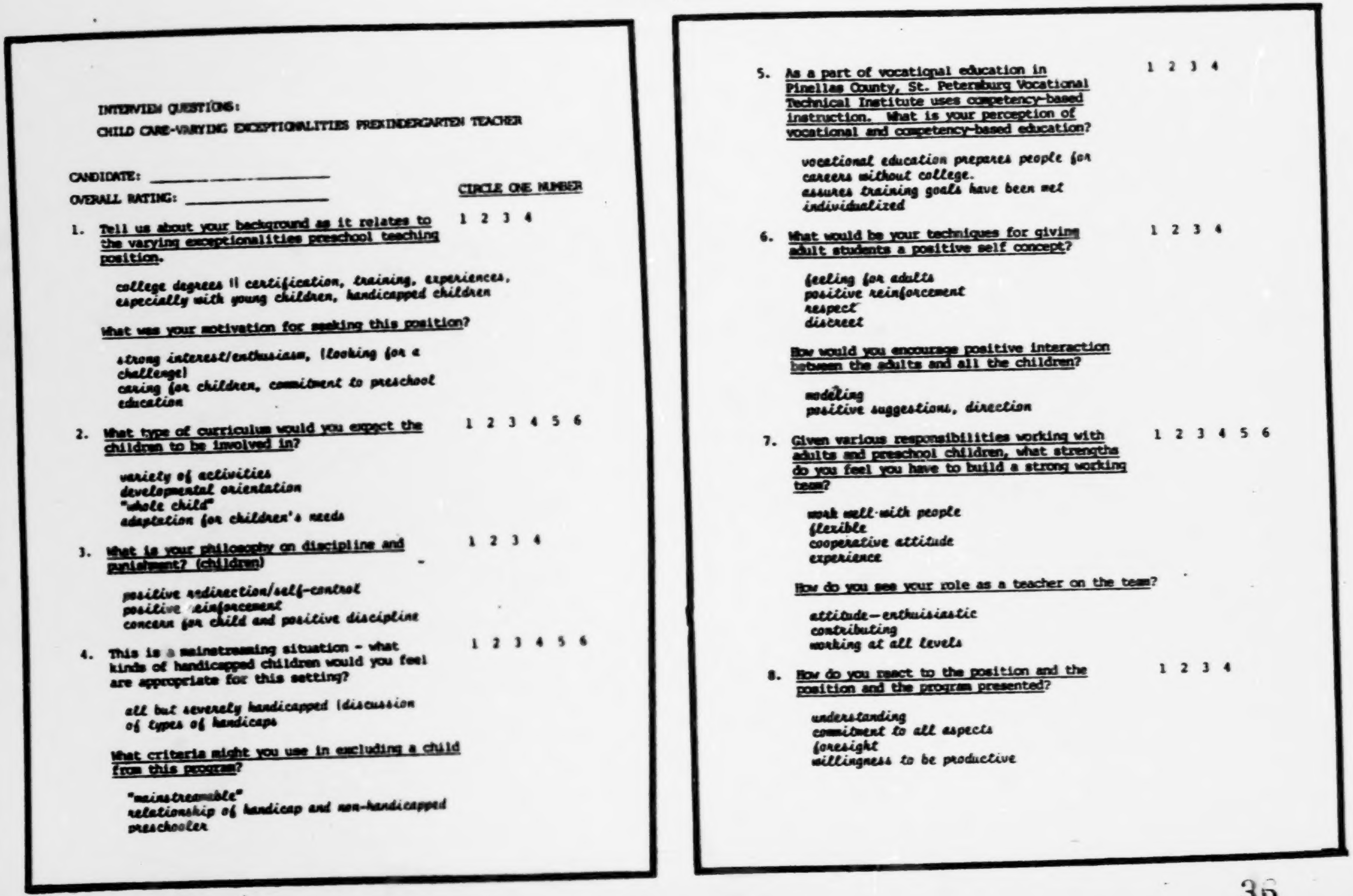
Figure 5: SAMPLE INTERVIEW QUESTIONS
and RATING SCALE



INTERVIEW QUESTIONS:

CHILD CARE-VARYING EXCEPTIONALITIES PREKINDERGARTEN TEACHER

CANDIDATE: ______________________

OVERALL RATING: ______________________

CIRCLE ONE NUMBER

1. Tell us about your background as it relates to the varying exceptionalities preschool teaching position. 1 2 3 4

college degrees || certification, training, experiences, especially with young children, handicapped children

What was your motivation for seeking this position?

strong interest/enthusiasm, (looking for a challenge)
caring for children, commitment to preschool education

2. What type of curriculum would you expect the children to be involved in? 1 2 3 4 5 6

variety of activities
developmental orientation
"whole child"
adaptation for children's needs

3. What is your philosophy on discipline and punishment? (children) 1 2 3 4

positive redirection/self-control
positive reinforcement
concern for child and positive discipline

4. This is a mainstreaming situation - what kinds of handicapped children would you feel are appropriate for this setting? 1 2 3 4 5 6

all but severely handicapped (discussion of types of handicaps

What criteria might you use in excluding a child from this program?

"mainstreamable"
relationship of handicap and non-handicapped preschooler

5. As a part of vocational education in Pinellas County, St. Petersburg Vocational Technical Institute uses competency-based instruction. What is your perception of vocational and competency-based education? 1 2 3 4

vocational education prepares people for careers without college.
assures training goals have been met
individualized

6. What would be your techniques for giving adult students a positive self concept? 1 2 3 4

feeling for adults
positive reinforcement
respect
discreet

How would you encourage positive interaction between the adults and all the children?

modeling
positive suggestions, direction

7. Given various responsibilities working with adults and preschool children, what strengths do you feel you have to build a strong working team? 1 2 3 4 5 6

work well with people
flexible
cooperative attitude
experience

How do you see your role as a teacher on the team?

attitude—enthuisiastic
contributing
working at all levels

8. How do you react to the position and the position and the program presented? 1 2 3 4

understanding
commitment to all aspects
foresight
willingness to be productive

FUNDING SOURCES

As an interdisciplinary program there are two primary sources of funding - special education and vocational education. Auxiliary funding such as special grants and awards, as well as the community program's fees, are additional considerations.

- VOCATIONAL FUNDS.
The vocational funds are now generally available through ECIA, Chapter 2, which is a Block Grant allocation. Depending on how these funds are administered by the school district, they may have special application requirements or may just be negotiated into the budget plans. In starting a new unit, these funds or other federal vocational funds for program initiation may be available. State vocational funding should also be explored.

- SPECIAL EDUCATION FUNDS.
The federal government, through P.L. 94-142, reimburses programs for preschool handicapped youngsters. How this money is utilized by the district should be explored. States also administer special education grants.

- GRANTS.
Many states and districts have small grant awards for innovative programs. Such grants, while not large, may offset equipment or materials needs. The federal government also has grant programs in vocational education and special education which allow for replication of pilot programs such as the High School/Preschool Partnership Program.

- OTHER SOURCES.
Florida public education program students in the high school and preschool handicapped classes cannot be assessed fees. The children in the community program are charged a minimal fee ($1.00/$2.00 a morning and a small registration fee.) These fees offset the costs of snacks and supplies for the preschool. This fee may vary based upon program need and funding sources.

Other preschool programs utilize parent donations of food stuffs or they conduct bazaars or other activities selling things the youngsters have made. Service organizations have also been known to make donations.

III.

BENEFITS AND PREVENTION PROBLEM

[illegible]

BENEFITS AND PROBLEM PREVENTION

BENEFITS AND ASSETS

The benefits of the combined program, to those it serves, to the school district, and to the community at large, is a case of the whole being greater than the sum of its parts.

1. HIGH SCHOOL COMPONENT

a. Introduces students to careers in human care services, child care and early childhood education.
b. Introduces students to careers in special education including teacher, O.T., P.T., speech therapy and other specializations.
c. Provides students with knowledge of methods and materials for teaching young children.
d. Provides students with knowledge of handicapping conditions and their impact on a child's development.
e. Provides students with information on working with children with handicaps and how to modify materials to help the handicapped child.
f. Provides students with experience with preschoolers, both handicapped and non-handicapped, in a mainstreamed setting.
g. Provides students with an awareness of the need for early intervention.
h. Provides students with an awareness of community resources to assist preschoolers and their families.
i. Changes attitudes toward handicapped individuals.

2. PRESCHOOL COMPONENT

a. Provides a place for high school students to gain experience.
b. Provides a valuable part-time preschool experience for children in the community.
c. Provides a natural rather than a contrived mainstreamed setting for both handicapped and non-handicapped children.
  - Provides peer role models for handicapped children
  - Provides early exposure to children with special educational needs for the non-handicapped children
d. Provides preparation for regular Kindergarten.
e. Provides many "teachers" for a few students.
f. Provides a facility with resources for expanding the children's experiences.

3. HANDICAPPED PRESCHOOL COMPONENT

a. Provides early intervention for preschool handicapped students.
b. Provides appropriate special educational services and therapies.
c. Provides experience in a mainstream setting.
d. Provides an alternative setting to the self-contained classroom for handicapped preschool-age children.
    - Provides peer role models
    - Provides challenges by peers
    - Provides early opportunities for handicapped children to work/play with non-handicapped peers in a natural school setting.
e. Provides preparation for a kindergarten with non-handicapped age-mates.
f. Provides many "teachers" for a few students.
g. Provides a facility with resources for expanding the children's experiences.

d. Provide assistance to the Special Education teacher regarding "normal" preschool practices.
e. Provide names of individuals and organizations within and outside of the school district who can provide assistance.
f. The teachers must be willing to serve as resources to each other.
g. The teachers should be able to teach indirectly as well as directly.
h. All the staff must have supervisory and team skills.
i. Schedules must be worked out that accommodate all personnel and classes involved.

3. PARENTS' ISSUES

a. Inform parents of the parameters of the program from the beginning (i.e., mainstreaming, high school students' involvement.)
b. Provide regular parent communication to all parents.

If the road blocks have been carefully worked through, the problems should be few. But they can and do occur. For example:

Staff Problems. Staff problems may arise if care in staff selection is not taken when staff changes occur. Unfortunately, sometimes choices of personnel are not available.

Child Selection. If the handicapped children placed in the program are not mature enough or do not have the capability to be mainstreamed, problems will arise. Remember that much of the teaching is to be done by high school students, and disruptive youngsters may be extremely destructive to the learning environment.

Maintenance. These usually involve trivial but important matters ranging from sprinklers on in the outdoor area, lack of cleanliness of the children's bathrooms, or someone in the cafeteria forgetting the children's lunches. These usually can be worked out on a personal level with the individuals involved.

IV.

PUTTING IT ALL TOGETHER:

PROGRAM IMPLEMENTATION

[illegible]

PROGRAM IMPLEMENTATION

This chapter is for those who have decided to replicate the program. It includes the criteria that must be met to be considered a replication site. Additional criteria which are desirable and variations that are possible are also described. Staff needs and materials for assistance are also included.

PROGRAM SPECIFICATIONS

1. MANDATORY CRITERIA.

- ▲ High School or Adult Child Care Program
  - Δ Instruction
    - ° Teaching Skills
    - ° Child Care Methods
    - ° Exceptionalities

  - Δ Student Involvement in Laboratory Program
    - ° Primary responsibility for Planning
    - ° Primary responsibility for Teaching
    - ° Teaching

- ▲ Mainstreamed Preschool Setting
  - Δ Structure of Laboratory Program
    - ° Meet a minimum of 3 half-days per week
    - ° Meet a minimum of 12 weeks each semester

  - Δ Handicapped Children
    - ° Comprise 20% to 50% of preschool class
    - ° Fully mainstreamed when non-handicapped children are present
      Exception: when child is with special resource personnel

2. DESIRABLE CRITERIA.

- ▲ Closely parallel the pilot program
  - Δ Time
    - ° Minimum of a half-day program for preschoolers
    - • 2 period per day for child care students
  - Δ Program Pairing
    - ° Community Laboratory Preschool (self-operated)
    - ° Cross-categorical Preschool Handicapped Class
  - Δ Personnel
    - • Home Economics Child Care Teacher
    - • Special Education Preschool Teacher
    - • Special Education Teacher's Aide

PROGRAM VARIATIONS

Due to the differing needs and structures of various school districts, variations of the model program may be desired. Some possible modifications are discussed below.

A SPECIALIZED PROGRAM FOR TEEN-AGE PARENTS

- ▲ RATIONALE
    - Δ Children of teen-agers are more likely to be at risk for developmental problems.
    - Δ These students are in immediate need of appropriate child care skills.
    - Δ This may be a way to provide inexpensive child care so the students can continue in school.

HIGH SCHOOL PROGRAM ALTERNATIVES

- ▲ Extended Program
    - Δ Full year curriculum
    - Δ Two year curriculum
- ▲ Peer Facilitation
    - Δ Combine 1st semester (year) and 2nd semester (year) students
        - ° Use experienced students as group leaders
        - ° Have experienced students model or present activities

ALTERNATIVE PROGRAM SITES

- ▲ Child Care Students
    - Δ Vocational Program for post-secondary students
    - Δ College Program
- ▲ Non-school Child Care Facility
    - ° Local preschool
        - ° Can provide "real world" experience
        - ° May be trouble accommodating handicapped children
        - ° Less control over curriculum

INSERVICE REQUIREMENTS

1. STAFF NEEDS

Use of needs assessment data for inservice planning would be helpful but is not absolutely necessary. The following are staff needs noted in the operationalization of the pilot program or obtained from the suggestions of those who have visited the pilot site.

- ▲ Personnel
  - Δ Child Care Teacher
    - ° Information about handicapped children
    - ° Mainstreaming ideas
    - ° Observation of children similar to those who will enroll in the program
  - Δ Preschool Special Education Teacher
    - ° Firm understanding of normal early growth and development
    - ° Knowledge of normal preschool curricula
    - ° Observe the Child Care Program
  - Δ Special Education Teacher's Aide
    - ° Background in early childhood education
    - ° Background in special education
    - ° Inservice in program and curricula
- ▲ Team Teaching
  - Δ Program Development
    - ° Understand goals of all three programs
    - ° Clear expectations for all students
    - ° Time to develop schedules
    - ° Develop plans
  - Δ Daily Operations
    - ° Review and modify students' plans jointly
    - ° Coordinate students' plans for other teaching activities
    - ° Supervise all students and exchange observations
  - Δ Flexibility
    - ° Willingness to change
    - ° Openness to suggestions
    - ° Planning
  - Δ Curriculum Modification
    - ° Materials (see Curriculum Guide)
    - ° Program changes
  - Δ Determine Roles and Responsibilities

2. CURRICULUM RESOURCE GUIDE FOR TEACHERS

The Curriculum Guide is designed primarily to assist the high school teacher and the preschool handicapped teacher in developing classroom instruction to promote and facilitate mainstreaming. It includes sample semester plans, semester schedules for both introductory and advanced classes, and lessons for the high school students about handicapping conditions. The lesson plans include handouts and activities.

On the followingpages are included the Table of Contents of the Curriculum Guide, and a sample lesson plan.

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THE HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM

CURRICULUM RESOURCE GUIDE FOR TEACHERS - SAMPLE

CURRICULUM GUIDE

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LESSON FORMAT

Each lesson is designed for use during two donsecutive periods. Each lesson has a variety of activities and is designed to build upon the knowledge the students have already acquired regarding normal human growth and development patterns and preschool programming. The lessons that cover specific handicapping conditions all follow the format illustrated below.

OBJECTIVES

The objectives for each lesson specify the information the high school student should remember or have on file at the end of the lesson.

PERIOD 1

INTRODUCTORY ACTIVITY

Each lesson begins with an introductory activity which is an awareness activity designed to introduce the students to the handicap, to identify some of the problems involved with the condition, and to help reduce any tension and anxiety the students may have.

PRESENTATION

Media - The presentation begins with the viewing of a film, filmstrip, slides or a guest speaker. This will give the students the knowledge base that they need regarding the handicap. This allows the teacher to use the expertise of others. A complete bibiliography of media materials appears in Part IV B of this Guide.

Handouts - These address definitions, common problems and characteristics of children with handicaps. They discuss the goals of the preschool relevant to the child with the handicap, give general suggestions for the mainstreamed classroom, and provide sample activities that help the handicapped child to learn and help other children to accept the handicapping condition. The handouts are written at a lower reading level but on a high school interest level.

We have discovered that it is boring for students and very time-consuming to go over the entire handout in class. We recommend giving out the papers, going over their format and emphasizing a few important points. Students are expected to read the handouts on their own.

POINTS TO EMPHASIZE

These are the essential points we believe the students should remember.
They are initially made in the handouts and A-V materials, or should be made by the guest speaker.

PERIOD 2:

ACTIVITY

The activity or activities presented during this period are designed to give the high school students a hands-on experience related to the specific handicapping condition. Usually this entails the making of some material to use with children when a child with the specific handicap is present. (Often the activities are items that are good experiences to present to all children.) Additional activity handouts which may be reproduced also accompany these activities.

FOLLOW-UP

These duplicatable handouts may be given as homework or on another day. One is in the format of a crossword puzzle, word search, etc. and reinforces the material presented in the first handout. The other presents questions the students may expect on examinations. The most successful use of the follow-up handouts is as reinforcers. Distribute them several weeks after the initial presentation and encourage the students to go back and review what they have learned.

RESOURCES

This presents a list of individuals, audio-visual and print media that the teacher may wish to use for the lesson.

The handouts needed are also listed. Samples of these are in the lessons themselves.

Copies of handouts for reproduction are in the APPENDICES.

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SAMPLE LESSON ON SPEECH AND LANGUAGE IMPAIRMENTS

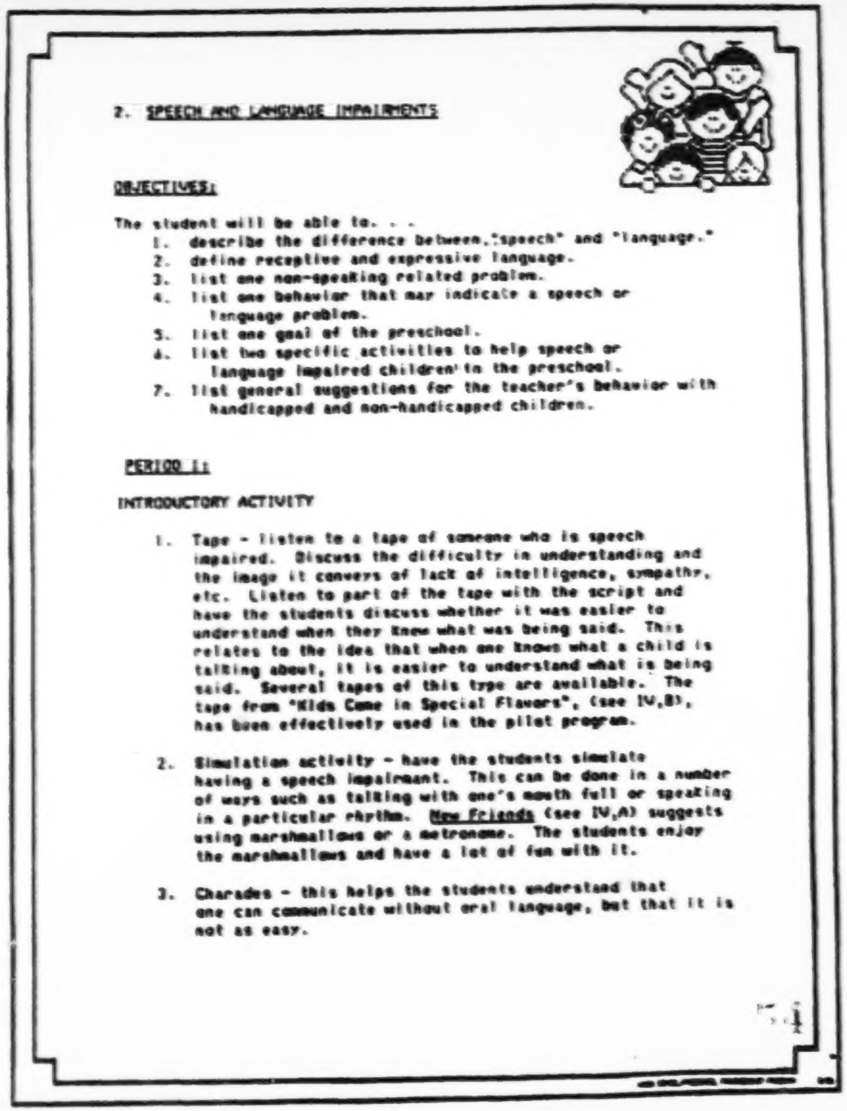
LESSON DESCRIPTION

Lessons are usually 3 pages long and include a listing of all resources that are needed.

All necessary handouts accompany the lesson.

Materials are color-coded for ease in use:

White	Teacher's Lesson Plan
Yellow	Handout about the Handicapping Condition
Pink	Handouts of Activities to help strengthen skills in the specific area.
Green	Follow-up and Review Activities including a crossword puzzle or word search, and a Question-Answer Handout. Answer keys are also included.



2. SPEECH AND LANGUAGE IMPAIRMENTS

OBJECTIVES:

The student will be able to. . .
1. describe the difference between "speech" and "language."
2. define receptive and expressive language.
3. list one non-speaking related problem.
4. list one behavior that may indicate a speech or language problem.
5. list one goal of the preschool.
6. list two specific activities to help speech or language impaired children in the preschool.
7. list general suggestions for the teacher's behavior with handicapped and non-handicapped children.

PERIOD I:

INTRODUCTORY ACTIVITY

1. Tape - listen to a tape of someone who is speech impaired. Discuss the difficulty in understanding and the image it conveys of lack of intelligence, sympathy, etc. Listen to part of the tape with the script and have the students discuss whether it was easier to understand when they knew what was being said. This relates to the idea that when one knows what a child is talking about, it is easier to understand what is being said. Several tapes of this type are available. The tape from "Kids Come in Special Flavors", (see IV,B), has been effectively used in the pilot program.

2. Simulation activity - have the students simulate having a speech impairment. This can be done in a number of ways such as talking with one's mouth full or speaking in a particular rhythm. New Friends (see IV,A) suggests using marshmallows or a metronome. The students enjoy the marshmallows and have a lot of fun with it.

3. Charades - this helps the students understand that one can communicate without oral language, but that it is not as easy.

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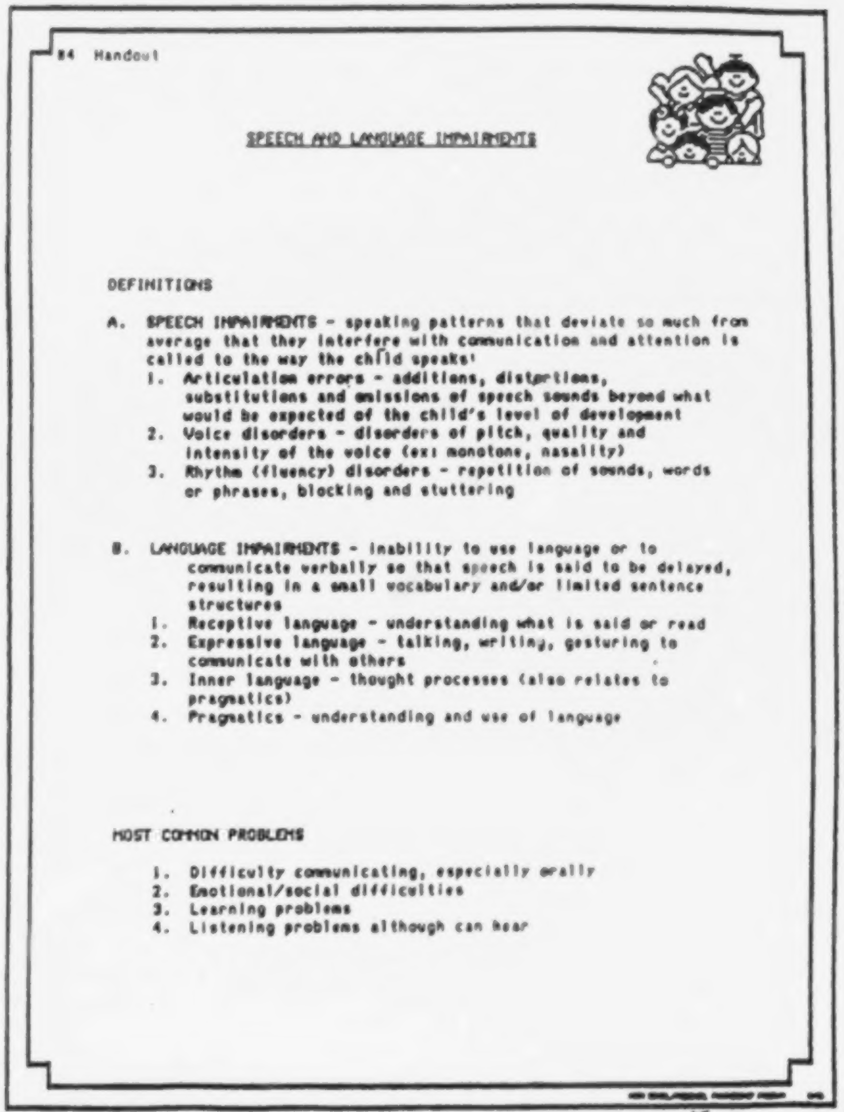
SAMPLE HANDOUT ON SPEECH AND LANGUAGE IMPAIRMENTS

This handout is designed to provide the high school student with basic information about handicapping conditions. It presents terminology, problems and characteristics of children with this disability and activities related to the preschool.



#4 Handout

SPEECH AND LANGUAGE IMPAIRMENTS

DEFINITIONS

A. SPEECH IMPAIRMENTS - speaking patterns that deviate so much from average that they interfere with communication and attention is called to the way the child speaks'
   1. Articulation errors - additions, distortions, substitutions and omissions of speech sounds beyond what would be expected of the child's level of development
   2. Voice disorders - disorders of pitch, quality and intensity of the voice (ex: monotone, nasality)
   3. Rhythm (fluency) disorders - repetition of sounds, words or phrases, blocking and stuttering

B. LANGUAGE IMPAIRMENTS - inability to use language or to communicate verbally so that speech is said to be delayed, resulting in a small vocabulary and/or limited sentence structures
   1. Receptive language - understanding what is said or read
   2. Expressive language - talking, writing, gesturing to communicate with others
   3. Inner language - thought processes (also relates to pragmatics)
   4. Pragmatics - understanding and use of language

MOST COMMON PROBLEMS

1. Difficulty communicating, especially orally
2. Emotional/social difficulties
3. Learning problems
4. Listening problems although can hear

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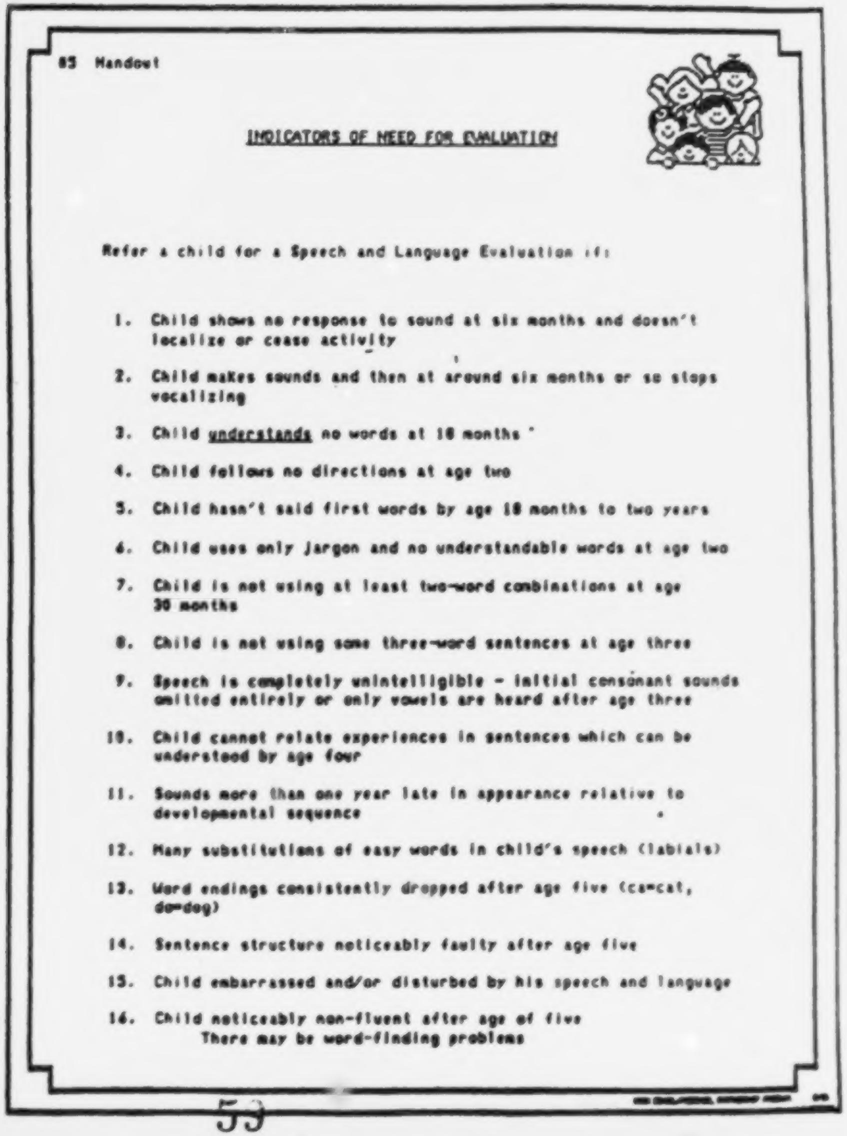
SAMPLE HANDOUT ON SPEECH AND LANGUAGE IMPAIRMENTS
(continued)

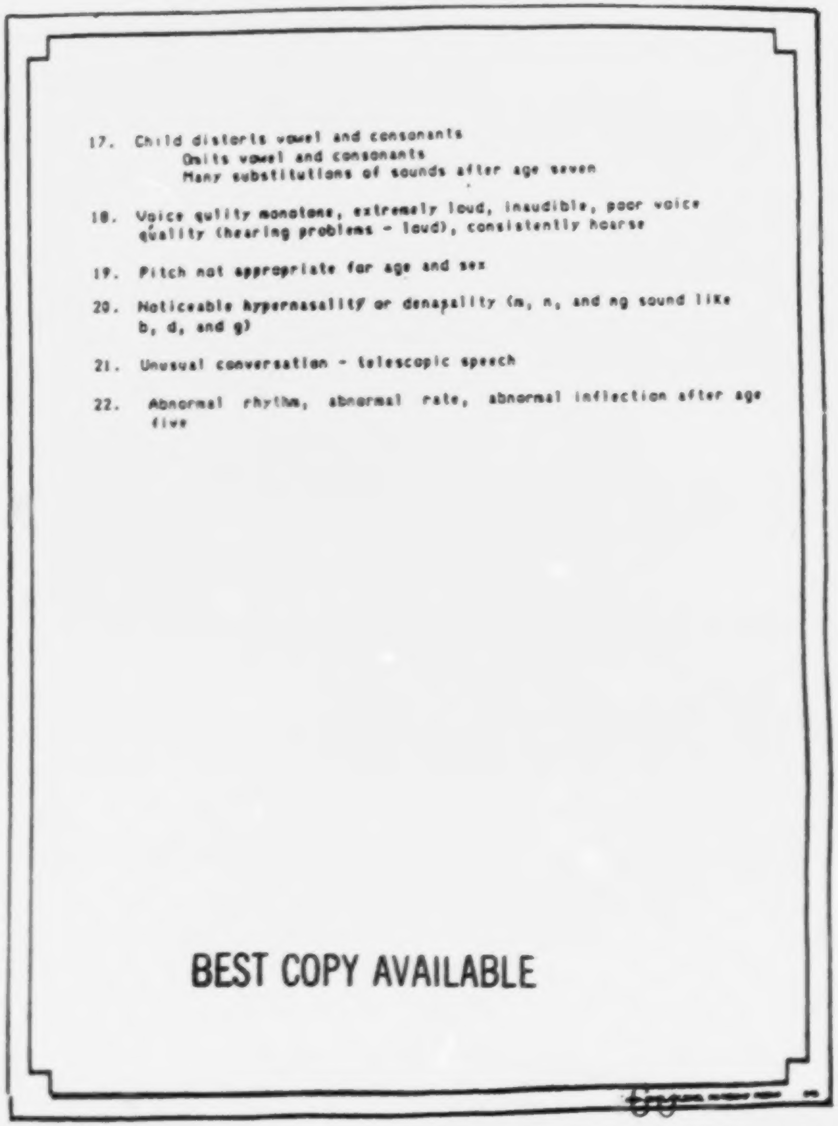


#5 Handout

INDICATORS OF NEED FOR EVALUATION

Refer a child for a Speech and Language Evaluation if:

1. Child shows no response to sound at six months and doesn't localize or cease activity
2. Child makes sounds and then at around six months or so stops vocalizing
3. Child understands no words at 18 months
4. Child follows no directions at age two
5. Child hasn't said first words by age 18 months to two years
6. Child uses only jargon and no understandable words at age two
7. Child is not using at least two-word combinations at age 30 months
8. Child is not using some three-word sentences at age three
9. Speech is completely unintelligible - initial consonant sounds omitted entirely or only vowels are heard after age three
10. Child cannot relate experiences in sentences which can be understood by age four
11. Sounds more than one year late in appearance relative to developmental sequence
12. Many substitutions of easy words in child's speech (labials)
13. Word endings consistently dropped after age five (ca=cat, do=dog)
14. Sentence structure noticeably faulty after age five
15. Child embarrassed and/or disturbed by his speech and language
16. Child noticeably non-fluent after age of five
    There may be word-finding problems



17. Child distorts vowel and consonants
    Omits vowel and consonants
    Many substitutions of sounds after age seven
18. Voice qulity monotone, extremely loud, inaudible, poor voice quality (hearing problems - loud), consistently hoarse
19. Pitch not appropriate for age and sex
20. Noticeable hypernasality or denasality (m, n, and ng sound like b, d, and g)
21. Unusual conversation - telescopic speech
22. Abnormal rhythm, abnormal rate, abnormal inflection after age five

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ACTIVITY HANDOUT

SPEECH AND LANGUAGE IMPAIRMENTS

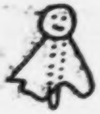
#6 Handout

KINDS OF PUPPETS

by

Ruth B. Henderson

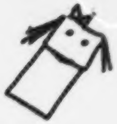
STICK PUPPETS



A popsicle stick or other stick can be attached to head made of cloth (stuffed with paper or cotton (with string or rubber band around base of head.

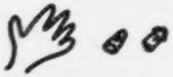
BAG PUPPET

Paper bags can be decorated.



FINGER OR HAND PUPPET

Small cylinder-like puppets can be made out of felt or cloth to fit over the ends of fingers.



PAPER MACHE PUPPETS

A balloon can be covered with paper mache, painted and decorated.

CLOTH PUPPETS

Material can be cut out and sewn on the edges to make a hand-size puppet. Decorate.

SOCK PUPPETS

Using an old sock, sew on buttons, yarn, etc., to make a face.
.44

PAPER PLATE PUPPETS

A plain paper plate can be made into a face with crayons and/or paint. Staple a popsicle stick to make handle. Holes can be made for fingers to stick through.

CYLINDER PUPPETS

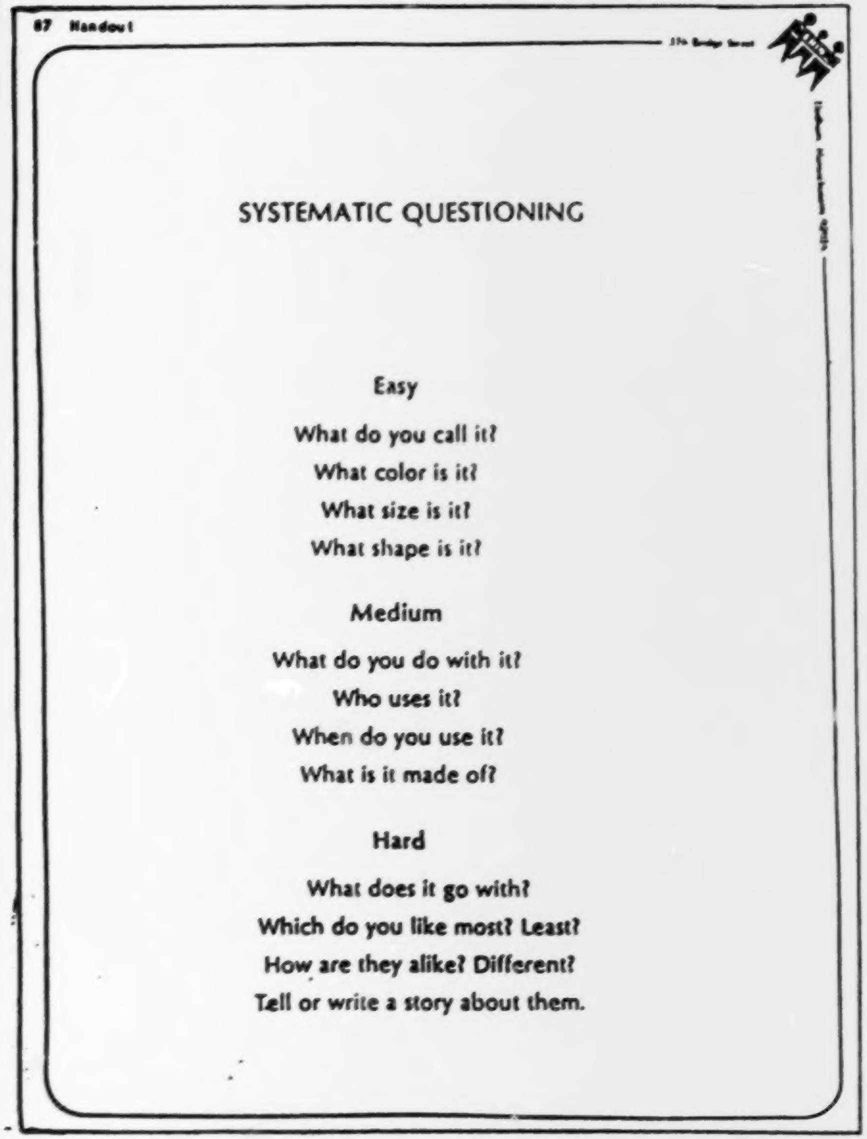
Roll construction paper into a cylinder and staple or glue. This is the head. Decorate (add hat, etc.) and slip over the child's finger. A skirt can be added.

STUFFED ANIMAL PUPPET

An old stuffed animal can have part of stuffing taken out, and have the edges bound to keep them from fraying.

ADDITIONAL ACTIVITY HANDOUT

SPEECH AND LANGUAGE IMPAIRMENTS



67 Handout

SYSTEMATIC QUESTIONING

Easy

What do you call it?

What color is it?

What size is it?

What shape is it?

Medium

What do you do with it?

Who uses it?

When do you use it?

What is it made of?

Hard

What does it go with?

Which do you like most? Least?

How are they alike? Different?

Tell or write a story about them.

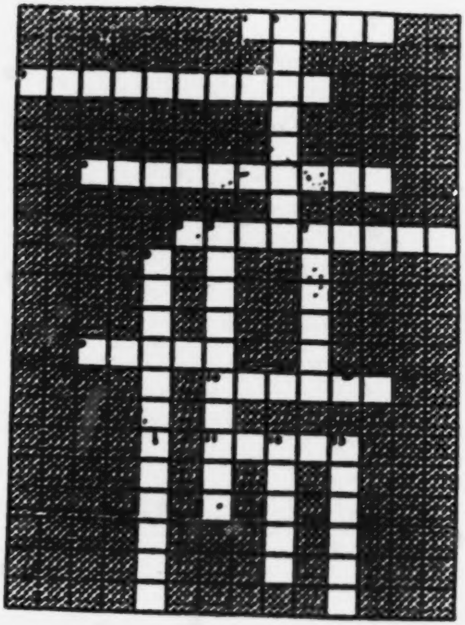
Some lessons have more than one Activity Handout. Occasionally lessons come from outside sources such as this one from the ERIN Curriculum (Early Recognition and Intervention Network). These handouts may be reproduced by teachers by permission of the authors.

CROSSWORD PUZZLE REVIEW

SPEECH AND LANGUAGE IMPAIRMENTS

8B Handout

SPEECH AND LANGUAGE CROSSWORD



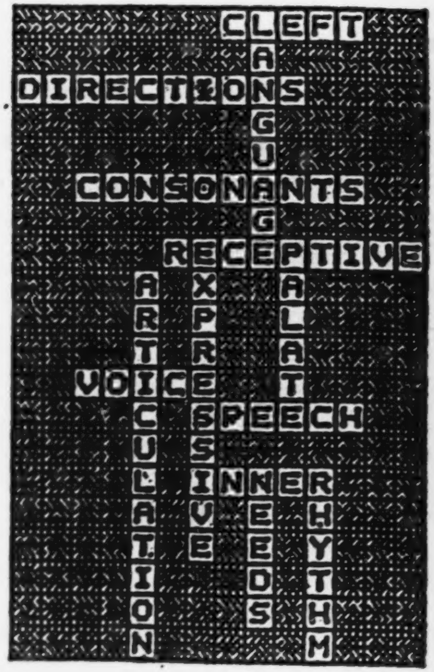
ACROSS CLUES

1. LIP IS A SPLIT UPPER LIP.
3. THE CHILD MAY HAVE DIFFICULTY FOLLOWING
4. WHEN THE CHILD OMITS MOST OF THE INITIAL AFTER AGE 3, HE HAS A SPEECH PROBLEM.
5. LANGUAGE - UNDERSTANDING WHAT IS SAID OR READ.
9. DEFECTS - PROBLEMS WITH PITCH, QUALITY AND INTENSITY OF THE VOICE.
10. IMPAIRED - SPEAKING PATTERNS THAT ARE DIFFERENT FROM THE NORM.
11. ______ LANGUAGE - THOUGHT.

DOWN CLUES

2. IMPAIRED - A SMALL VOCABULARY AND/OR LIMITED SENTENCE STRUCTURE; SPEECH IS RETARDED.
4. LANGUAGE - TALKING, WRITING, GESTURING TO COMMUNICATE WITH OTHERS.
7. CLEFT ______ - A HOLE IN THE SOFT PALATE.
8. ERRORS - ADDITIONS, DISTORTIONS, SUBSTITUTIONS AND OMISSIONS OF SPEECH SOUNDS.
12. THE CHILD MAY HAVE DIFFICULTY IN COMMUNICATING HIS
13. DEFECTS - REPETITION OF SOUNDS, WORDS, OR PHRASES, BLOCKING AND STUTTERING.

8BA Teacher Key


CLEFT
DIRECTIONS
LANGUAGE
CONSONANTS
RECEPTIVE
ARTICULATION
EXPRESSIVE
PALATE
VOICE
SPEECH
INNER
NEEDS
RHYTHM

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QUESTION AND ANSWER REVIEW

SPEECH AND LANGUAGE IMPAIRMENTS

87 Handout

SPEECH AND LANGUAGE QUESTIONS

1. List 5 general suggestions that will help preschool children in the area of speech and language development.

2. Explain 2 specific activities that can be done with young children who need extra help in speech or language.

3. Explain the difference between a child who has a speech or language handicap and one who does not. How does this affect you as a child care worker or preschool teacher?

4. Listed below are several situations regarding a child's speech or language development. Write "yes" is you believe the child should be referred for a speech and language evaluation, "No" if an evaluation is not indicated by the behavior.

_____ John is 3 years old and says words such as psghetti.
_____ Mary is 2-1/2. Lately she seems to repeat syllables, almost stuttering, when she talks.
_____ Amy is 3 years old. She uses single words to tell what she wants. For example, if she wants to play with the ball, she says "Ball."
_____ Jim is 4 years old. When he talks he has no expression in his voice.
_____ Shawn is 3 years old and often does not say full words. A typical

---

87A Teacher Key

KEY TO SPEECH AND LANGUAGE QUESTIONS

1. See Speech and Language

2. Impairments Handout

3. Speech handicap - deviant speaking patterns
Language handicap - difficulty using language to communicate

Speech and language handicaps can affect the child's ability to communicate and to learn. They may also cause emotional problems.

The child care worker needs to recognize the difference between developmental problems and an interfering handicap. Speaking clearly, involving the child, encouraging him to speak, and using language activities will be helpful.

4. No
No
Yes
Yes
No

(Refer to "Indicators of Need for Evaluation.")

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APPENDICES

I. Budget Samples

II. Teacher Resources

III. Pilot Program Evaluation

APPENDIX A

Budget Samples

ASSUMPTIONS

Attached are the lists of equipment/materials for the combining of an existing handicapped preschool with an existing Child Care Program. These lists are based on the following assumptions:

1. The facility as it currently exists is quite complete. Possible modifications of the physical plant include:
    - ramping
    - partitions
    - variable lighting
2. The teacher aides' salaries are normal yearly operational budget expenses and come from a different source.
3. Sources such as Head Start, learning-resource centers, and other programs exist that can lend materials.
4. There is access to a photocopying machine.
5. There is an established curriculum in use in the preschool program that is suitable to the mainstreaming aspects of the partnership program.

Samples

		Total Cost
I.	Basic Budget	$ 1,000.00
II.	Minimum Satisfactory Budget (includes the Basic Budget)	2,000.00
III.	Preferred Budget (includes previous budgets) This would allow for a very good program with no need to borrow materials from other sources and may even provide a bit of a cushion.	5,000.00
IV.	Optimal Budget This budget probably "overdoes" and would give the program "extras".	6,350.00

I

BASIC BUDGET: $1,000.00

Supplies - adult teaching	#	Unit Cost	Total Cost
**Paper/xeroxing - for duplicating lessons	10	$ 8.	$ 80.00
Kids Come in Special Flavors - workshop kit	1	75.	5.00
"New Friends" book	1	5.	5.00
Supplies - Child Care Room			
Therapy bolsters	2	75.	150.00
Therapy ball	1	30.	30.00
Tricycle without pedals or hand-driven "turtle"	1	50.	50.00
Consumables and manipulatives		100.	100.00
Audio-Visual Materials			
Filmstrip Set: Mainstreaming in the Preschool	1	180.	180.00
Equipment (Under $200.00)			
Filmstrip Previewers	2	60.	120.00
Tape Recorders	2	70.	140.00
Wooden Chairs (small)	7	10.	70.00
		TOTAL	$1,000.00

Rationale:

- The paper is absolutely necessary to duplicate the lessons for the students.
- Other equipment will facilitate the additional instruction if a self-study method is used.
- The Child Care materials and wooden chairs will facilitate the education/accomodation of handicapped preschoolers in the child care setting.

II

MINIMUM SATISFACTORY BUDGET: $2,000.00

	#	Unit Cost	Total Cost
Supplies - Adult Teaching			
Head Start Mainstreaming Books Series	1	$ 25.	$ 25.00
Resource Texts	3	35.	105.00
Set of Children's Books about Handicaps	1	45.	45.00
Screening Materials	1	40.	40.00
Supplies - Child Care Room			
Special materials for Visually or Hearing Impaired children		50.	50.00
Therapy Wedge	1	70.	70.00
Audio-Visual Materials			
Filmstrip Set: Child Abuse and Neglect	1	225.	225.00
Films: Krista	1	275.	275.00
The Fortunate Few	1	165.	165.00
Subtotal			$ 1,000.00
Basic Budget			$1,000.00
TOTAL			$2,000.00

III

PREFERRED BUDGET: $5,000.00

Supplies - Adult Teaching	#	Unit Cost	Total Cost
Set of 8 handicapped dolls	8	$ 35.	$ 280.00
Video Tapes	5	10.	50.00
Supplies - Child Care Program			
Therapy bolsters (additional)	2	75.	150.00
Therapy wedge (additional)	1	70.	70.00
Manipulatives/Consumables		50.	50.00
Equipment (costing over $200.00)			
VCR	1	665.	665.00
VCR receiver (TV)	1	225.	225.00
Audiometer	1	250.	250.00
Equipment (costing under $200.00)			
Listening center with 4 earphones	1	70.	70.00
Vision-screening (lighted Snellen PreK chart)	1	190.	190.00
*Table-top carrels	3	90.	270.00
*Power-source for carrels	3	50.	150.00
**Kidney-shaped tables	2	95.	190.00
**Three-tiered wooden shelves	2	195.	390.00
Subtotal			$ 3,000.00
+ Basic Budget			$ 1,000.00
+ Minimum Satisfactory Budget			$ 1,000.00
TOTAL			$5,000.00

* may prefer full carrels instead

** depending on room arrangement - may not need these

IV.

OPTIMAL BUDGET: $6,350.00

	#	Unit Cost	Total Cost
Supplies - Adult Teaching			
Developmental rating forms, pkg.	1	$ 20.	$ 20.00
ERIN Books, set	1	100.	100.00
Alternate Preschool Screening Instrument (ex. DIAL-R)	1	150.	150.00
Denver Developmental Screening Kit	1	50.	50.00
Supplies - Child Care Program			
Tricycle without pedals or hand-driven turtle (additional)	1	50.	50.00
Manipulatives		50.	50.00
Audio-Visual Materials			
Slide/tape: Something Special	1	40.	40.00
Equipment (costing over $200.00)			
Spring horses for playground	2	200.	400.00
Equipment (costing under $200.00)			
Mini-trampoline	1	55.	55.00
Small balance beam	1	65.	65.00
Small parallel bars	1	120.	120.00
Three-tiered wooden shelves	2	195.	390.00

Subtotal	$1,350.00
+ Basic Budget	$1,000.00
+ Minimum Satisfactory Budget	$1,000.00
+ Budget	$3,000.00
TOTAL	$6,350.00

APPENDIX B

Teacher Resources (Annotated)

[illegible]

APPENDIX B

Teacher Resources

(Annotated)

Price

1. **HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM CURRICULUM GUIDE** $ 12.00

Florida Diagnostic Learning and Resource System
Gulfcoast Center
Pinellas County School District
1895 Gulf-to-Bay Boulevard
Clearwater, FL 33519

The Curriculum Guide is designed for use primarily by the Child Care teacher. It includes sample schedules, resources, and lessons on handicaps. The lessons include informational handouts, follow-up activities, and reinforcement materials for the students.

2. **KIDS COME IN SPECIAL FLAVORS** $ 35.95

Kids Come in Special Flavors Co.
P. O. Box 562
Dayton, OH 45405

This kit provides awareness activities about handicaps for students. Some of the materials included are eye masks, tape recordings, and a manual of activities.

3. **EARLY CHILDHOOD MAINSTREAMING SERIES** $ 175.00

(filmstrips with cassette tapes)
Campus Films Distributor Corp.
24 Depot Square
Tukaho, NY 10707

This set of filmstrips provides information regarding various handicapping conditions and suggestions for teachers and care givers working with the children in mainstreamed settings. The handicaps covered are: Learning Disabilities, Emotional Impairments, Physical and Health Impairments, Speech and Language Impairments, Hearing Impairments, and Visual Impairments.

4. NEW FRIENDS

Teachers' Manual	$	12.00
Notebook	$	18.00

Chapel Hill Training Outreach Project
Lincoln Center
Chapel Hill, NC 27514

Designed for use with young children, this book provides information and activities that can also be utilized with high school students to aid in understanding handicapped children. Patterns and directions for making child-sized dolls with handicaps are included.

5. ERIN (Early Recognition Intervention Network) GETTING STARTED CURRICULUM — $ 49.50

Early Recognition Intervention Network
376 Bridge Street
Dedham, MA 02026

A developmental-based curriculum for preschoolers that is designed to work in mainstreamed settings. Teacher suggestions and supplementary materials are included. Supplementary screening assessment and monitoring materials are also available.

Preschool Screening System	$20.00
Developmental Inventory of Learned Skills	$25.00

6. KRISTA — $ 275.00

Craighead Films
P. O. Box 3900
Shawnee, KS 66203

Relates the experience of a young child who has surgery for a leg prosthesis, and how the head Start staff, her family, and medical personnel prepared Krista and the other children for her surgery.

7. A LITTLE BIT MORE THAN LOVE — $ 40.00

American Foundation for the Blind
Department of Public Communication
15 West 16th Street
New York, NY 10011

A slide-tape presentation on programming for infants and young children with visual impairments.

8. **THE FORTUNATE FEW** $ 165.00

Craighead Films
P. O. Box 3900
Shawnee, KS 66203

Available in ENGLISH or SPANISH
Color - 13 minutes

The Fortunate Few are children like Armando, Roger, Sonia, Billy Lynn, and Gordon - Special Children. They are fortunate, not because they have handicaps or developmental delays, but because they are among the small number of such children who are being helped by early intervention programs...programs designed to teach and train handicapped children at a very young age.

The Fortunate Few shows why early intervention programs are so important. During a special child's early years, remediation of handicaps can often be accomplished faster and at a lower cost than later intervention. But today only The Fortunate Few - about one-third of all the very young handicapped - are getting the early intervention they need. Why? Because in many areas programs simply do not exist.

It explains how early intervention benefits not only special children, but also their parents, the public schools, and society as a whole. It makes a strong case for expanding our early intervention efforts.

9. **MAINSTREAMING PRESCHOOLERS SERIES** by Project Head Start

U.S. Department of Health and Human Services
Administration for Children, Youth and Families
Head Start Bureau
Washington, D.C.

A series of books produced by Project Head Start to assist teachers in the mainstreaming of children with different handicaps. This useful series is clearly written and easy to read.

Titles included in the series include:

Mainstreaming Preschoolers: Children with Hearing Impairments
Mainstreaming Preschoolers: Children with Visual Handicaps
Mainstreaming Preschoolers: Children with Speech and Language Impairments
Mainstreaming Preschoolers: Children with Emotional Disorders
Mainstreaming Preschoolers: Children with Mental Retardation
Mainstreaming Preschoolers: Children with Learning Disabilities
Mainstreaming Preschoolers: Children with Orthopedic Handicaps

APPENDIX C

Pilot Program Evaluation

APPENDIX C

Pilot Program Evaluation

A. DATA COLLECTION

Data are being collected using a variety of methods. Numerical attendance are kept to show the amount of time students spend in various pursuits. Testing is done with the high school students and the handicapped and community program preschoolers on a pre-test/post-test and comparative basis. Attitude/opinion surveys are conducted with the high school students and the parents of preschoolers. In addition, job/school placement data are being collected on the high school graduate. At the end ofthe project, relative costs of the program will be analyzed.

The specific areas of data being collected are listed below. Summary charts appear in Section 5 of this chapter.

- I. **Numerical Data**
  - A. Enrollment Data - pre-program each semester of program
  - B. High School Students
    - a. Class attendance
      - a. Overall
      - b. Special Education Lectures
      - c. Community Experiences (advanced class)
  - C. Preschool Students
    - 1. Community
      - a. Attendance
      - b. Speech and Language Resource Attendance (1 child)
    - 2. Handicapped
      - a. Attendance - overall
      - b. Attendance - mainstream days
      - c. Attendance - therapies
  - D. Parents
      - a. Attendance - county preschool meetings
      - b. Attendance - class meetings
      - c. Attendance - IEP/Staffing
      - d. Notebook communications

- II. **Pretest/Posttest - Knowledge**
  - A. High School (developed instrument)
      - a. Countryside High School scores - gain/loss
      - b. Control group - comparison
  - B. Preschool (PSS)
      - a. Handicapped - gain/loss
        comparison to control
      - b. Community - gain/loss
        comparison to control

III. Pretest/Posttest - Attitude/Opinion

- A. High School - 3 instruments
  - a. Countryside High School scores
  - b. Control group scores
- B. Open-Ended Evaluation by High School Students
- C. Parents
  - a. Community
  - b. Handicapped

IV. Subsequent School Placement

- A. High School Students
- B. Preschool Handicapped Children

V. Job Placement Follow-Up

- A. Year Pre-Program
- B. Since Program

VI. Cost Effectiveness Analysis

- A. Relative Cost Analysis
- B. Relative Effectiveness Analysis
- C. Summary

(Data for Section VI is not available yet)

B. INSTRUMENTATION

1. Numerical Data

This was simply kept in the form of log books and/or attendance - grade sheets.

2. Knowledge Testing

For the high school students an instrument was developed by the project staff and then validated and checked for item reliability.

Students in another high school with similar socio-economic culture were also pre-and posttested. Their scores were then compared to those of the project's classes.

Similar testing was done with the preschoolers. Scores of children in two other cross-categorical preschool handicapped classes were compared to the project's handicapped children and children in the same child care program as the high school control group were compared to the community children. In addition, gains between the handicapped children and the non-handicapped children were also compared. The Preschool Screening System and the ERIN curriculum were utilized.

3. Attitude/Opinion Measures

Three attitudinal measures were used with the high school students. These included two from the FEED Project (Facilitative Environments Encouraging Development), one staff-developed, and one open-ended question. The first three were also administered to the control group.

Parents of the project preschoolers (handicapped and non-handicapped) were also asked to rate the program on a 1-5 Likert scale and to answer a few open-ended questions about the program.

4. Child Care State Program Audit

The state conducted a program audit during the second year of the project. This was coincidental to, not because of, the special project's existence. The state supervisor was impressed with the new program.

RELATIONSHIP OF EVALUATION TO PROGRAM GOALS

Numerical Data

GH SCHOOL STUDENTS.
ior to the initiation of the High School/Preschool Partnership
ogram, 24 students were enrolled in the Child Care Program. In the
rst semester of the project, 33 students enrolled. In the second
mester there were students, and in the third semester there were
students.

the third semester all but three students from the second semester
ok the advanced class. Of those three, one graduated, one had to
op out due to a course conflict, and one did not receive the in-
ructor's permission to enroll. The only dropouts from the program
ve been due to medical problems or course scheduling.

tendance has been good and over half of the advanced students elec-
d a special education program as one of their community experiences.

ESCHOOL STUDENTS.
enty community children are enrolled each semester. In Spring 1984,
en the new project was announced, no children dropped out. Since
en, when parents call about enrollment, the program is explained
d, again, no one has asked to be removed from the waiting list.
ring 1985/86, three children dropped out. Two of these children
ved out of state and in the other situation family difficulties re-
ired the child to remain at home.

ere was a special advantage for one child in the community program.
boy with a severe articulation problem was identified and staffed
o the Speech Resource program. Without this setting that service
ld not have been offered to him.

e handicapped children generally had good attendance. The first se-
ster we started with four children and ended with seven. The second
d third semesters, ten children were enrolled. Depending on their
eds, children have received Speech and Language Therapy, Physical
erapy, Occupational Therapy, and Auditory Training. To date we have
d enrolled:

1 Hearing Impaired Child (Resource Speech, Hearing)
5 Severely Language Impaired Children (all: Resource Speech)
6 EMH Children (all: Resource Speech)
7 Physically Impaired Children (4: OT and PT Services;
  1: Resource Speech)

RENTS.
tendance has been minimal at county-wide meetings (approximately
% of the children represented). Class meetings have fared better
th 70% of the children represented. All parents have participated in
P and staffing meetings, as well as notebook communications.

2. Knowledge Pretest/Posttest

- ▲ HIGH SCHOOL STUDENTS.
Slight gains have been noted in the students in the project on the pre- and posttests. They have done significantly better than the control group.

- ▲ COMMUNITY CHILDREN.
Their development does not appear to be hampered by the mainstreaming with handicapped children. Their growth was similar to those children in another high school child care preschool.

- ▲ HANDICAPPED PRESCHOOLERS.
The handicapped children in the project have progressed as well as their peers in traditional self-contained classes with teachers and aides rather than high school students.

3. Attitude Opinion Surveys

- ▲ HIGH SCHOOL STUDENTS.
At this point the data from the attitudinal surveys are inconclusive in terms of gain. Slight differences have been noticed between the project students and the control group.

  The open-ended evaluations by the students at the end of the semester are much more telling. Comments like "I was uncomfortable around them, but now I know they're just like other people." are common.

- ▲ CHILDREN.
Asking the parents of the children how the preschoolers felt about the handicapped children resulted in a general consensus that neither group recognized any differences. The only exception to this was the handicapped children noting the other children only came part-time.

  During class, questions might be asked about a brace or hearing aid, but with no more significance than someone's shirt or toy.

  Some students are working in Child Care either full-time or while in school. In addition, three others who are currently in sales indicate a desire to work in Child Care or to return to school in a related area.

  All students who had had Child Care indicated it was most useful. Those who were in the project stated that it was a good experience and one they would recommend to others.

4. Data Relative to School Placement

- HIGH SCHOOL STUDENTS.

As noted in the Numerical Data section, more students have enrolled in Child Care each semester since the pilot program began. This has been particularly true of the advanced class. More students are requesting to enroll in Child Care II than before. In addition, students are enrolling for a third semester and in Spring 1986 the first students will be taking Child Care for the fourth semester. This information is especially important given the recent Florida regulations (effective Fall 1984) that reduced the number of electives students can take.

An unexpected placement-related factor has been the interest of high school students in other schools in the pilot program. This interest has taken three forms:

- The first is a request for a field trip to see the program.
- The second is a desire to participate in "Career Shadowing" Activities using the pilot program.
- The third has been the inquiries of several students. regarding the possibility of transferring schools to participate in the pilot program.

- PRESCHOOL HANDICAPPED CHILDREN.

At this point ten children have left the program. Three of these moved away but they have continued in programs for preschool-age handicapped children. The other children have entered Kindergarten programs with different levels of support.

All but one child is receiving less special educational programming than would have been anticipated if he had not received early intervention. This one child's needs were re-evaluated which resulted in an indication of fewer needs in his original placement area (Language) but greater needs in another area (Emotional).

The chart on the following page shows each child's progress and subsequent placement.

KINDERGARTEN-LEVEL PLACEMENTS OF PRESCHOOL HANDICAPPED CHILDREN

CHILD	HANDICAP(S) AT PLACEMENT	# OF SEMESTERS IN PROGRAM	ADDITIONAL SERVICES IN PROGRAM	PROBABLE PROGNOSIS WITHOUT INTERVENTION	SUBSEQUENT PLACEMENT	ADDITIONAL SERVICES
K.	Physically Impaired	1/2	---	Physically Impaired	Physically Impaired Self-Contained* Kindergarten for Mainstreaming	*Placement is maintained to aid child through surgical situations and to assist her in meeting her physical sanitation needs.
A.	Educable Mentally Handicapped Language	1	Resource Language	Self-Contained EMH Resource Language (Social Adjustment Difficulties)	EMH Self-Contained Kindergarten for Mainstreaming	Resource Language
J.	Hearing Impaired	3	Itinerant Auditory Training Resource Language	Resource Hearing Services (More Time) Resource Language (Minimum 2 years, probably more)	Kindergarten	Resource Hearing Services Resource Language (probably 1 semester only)
S.	Severely Language Impaired	3	Resource Language	Self-Contained SLI (possibly EMH) (Social Adjustment Difficulties)	Kindergarten (I.Q. now in normal range)	Resource Language (Probably 1 semester only)
M.	Physically Impaired	3	Occupational Therapy Physical Therapy	Self-Contained PI	PI - Self-Contained Kindergarten for Mainstreaming	Occupational Therapy Physical Therapy
C.	Severely Language Impaired	1	Resource Language	Self-Contained SLI (Severe Social Adjustment Difficulties)	Emotionally Handicapped - (Possible Kindergarten Mainstreaming later in the year)	Resource Language
A.	Severely Language Impaired	2-1/2	Resource Speech and Language	Self-Contained SLI	Kindergarten	Resource Speech and Language

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5. Data Relative to Job Placement

Job placement data is difficult to collect due to the mobility of graduates. However, vocational education does gather some data and that information was used as a base for a follow-up study. Using past attendance records and addresses, students were contacted first by letter, then, if necessary, by telephone to determine their current positions.

Responses were tallied into various categories:

- Military
- Post-secondary Education - Child Care/Preschool
  - Special Education/Therapy
  - Human Services
  - Other Education
  - Other Major
- Working - delineated as above
- Primarily Homemaker - no children
  - children
- Other

Preliminary data indicates that more than 50% of the project's high school students have gone on to college. College Majors have included Early Childhood Education, Home Economics, Elementary Education, Pediatrics (Nursing and Physician), Speech Therapy, Physical Therapy, and Special Education. Previous to the project, majors were in Early Childhood and Elementary Education. In both groups there were some students with other majors as well. Several students are homemakers.

HIGH SCHOOL / PRESCHOOL PARTNERSHIP PROGRAM

CURRICULUM GUIDE

FIELD TEST EDITION

COUNTRYSIDE HIGH SCHOOL · CLEARWATER, FLORIDA
SCHOOL BOARD OF PINELLAS COUNTY, FLORIDA

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The INFANT - TODDLER SCREENING PROGRAM is part of the activities of the HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM located in the School District of Pinellas County, Florida.

The HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM is a demonstration project funded through the Handicapped Children's Early Education Program (HCEEP) of the Office of Special Education of the United States Department of Education.

This guide is designed to assist others in developing an Interagency Infant - Toddler Screening Program. The policies and procedures expressed herein are the sole responsibility of the HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM.

Janelle R. Johnson-Jenkins, Ph.D.
Project Manager

November, 1985

HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM

(AN OVERVIEW)

WHAT IS THE HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM?

The High School/Preschool Partnership Program is the combination of a High School Child Care Preparation course and a class for preschool handicapped children. The high school program, which includes experience with non-handicapped preschoolers in a laboratory program, is expanded. The high school students have experience with handicapped children in a mainstreamed setting. The handicapped preschoolers benefit from mainstreaming with their non-handicapped age-mates and also receive individualized attention in this setting.

WHY WAS THE PROGRAM DESIGNED?

The High School/Preschool Partnership program was designed to expand the services to students in high school and in preschool handicapped classes. Benefits to the school district and to the community at-large include:

1. **High School Students**
   By including handicapped children in the child care program, the high school students' employment skills and awareness of alternative careers are expanded.

2. **Handicapped Preschoolers**
   The program provides an additional option on the "continuum of services" for handicapped preschoolers. It provides a setting where the children can be mainstreamed with their peers.

3. **School District**
   Utilization of two sets of resources (the high school child care program and the prekindergarten handicapped class) has the potential to be more cost-effective and to assist in reducing duplication of some materials.

4. **Community**
   The community will have more potential child care workers who have a background in working with handicapped children. This will enable more day care openings for handicapped children allowing the parents to return to work, participate in self-improvement, and/or recreational activities.

WHAT ARE THE SPECIFIC OBJECTIVES OF THE PROGRAM?

1. 100% of the high school child care students will have experience and hands-on involvement with preschool children with handicaps.

2. The high school child care program will include expanded information on handicapping conditions and careers related to working with handicapped children.

3. The high school child care students will increase their knowledge of child development, characteristics of handicapped children and of early intervention techniques.

4. 100% of the handicapped preschool children will receive an appropriate education including necessary therapies and special services.

5. Handicapped preschoolers will be fully integrated with their non-handicapped peers when both groups of children are present.

6. The developmental gaps of the preschool handicapped children will be reduced.

7. Handicapped preschoolers will be placed closer to the mainstream when they enter kindergarten than would have been expected given their developmental levels when they entered the High School/Preschool Partnership Program.

8. The availability of community children care service providers willing to accept handicapped children will be increased as the high school students graduate from this program.

WHAT ARE THE COMPONENTS OF THE PROGRAM?

High School Component

Courses in Child Care are offered through the Home Economices (or other appropriate) Program. The courses are designed to prepare students for positions in the field of child care. The program also introduces them to careers in allied education and human service fields. The courses include experience with 3 to 5 year old children from the community in the Home Economics laboratory preschool.

Handicapped Preschool Component

This is a full-time cross-categorical class for 3- to 5 year old handicapped children. The children are mildly to moderately handicapped. Children whose primary handicaps are emotional in nature may be excluded. These children do offer an additional challenge to the high school students and frequently do not meet the criteria for "mainstream-ability." The class is staffed with a "varying exceptionalities prekindergarten teacher and an aide.

Program Expansion

Prior to this program the students in the high school class have probably received only a brief introduction to the needs of handicapped children in the preschool and later years. The combined program adds lectures on the common handicapping conditions and specific suggestions for dealing with these children in the preschool setting. Related careers and requirements are discussed. In addition, the Child Care students have the opportunity to work with handicapped preschoolers on an almost daily basis.

The Program expansion provides the opportunity for the handicapped children to be mainstreamed with their peers (3 to 5 year olds) who are not handicapped. The children are fully mainstreamed during the hours that the laboratory preschool is in operation.

WHAT PROGRAMS DO I NEED TO REPLICATE THE HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM?

Child Care Preparation Program

A secondary or post-secondary level child care training class is the first requirement for being able to implement the High School/Preschool Partnership Program. In the public schools this will most often be located in Home Economics and/or Vocational Education Programs. It could be located in a Psychology or Child Development Program, or at the post-secondary level, in an Early Childhood or Education Program.

The program should include:
- information on child care/early childhood curriculum
- information on handicaps and the needs of handicapped children
- a laboratory experience in a mainstreamed environment

Mainstreamed Preschool Setting

Mainstreaming is the integration of handicapped children with their non-handicapped peers. The preschool program must be a program of 20 to 30 children with a ratio of non-handicapped children to handicapped children of 2:1 or 3:1. If you drop below a 3:1 ratio there are not enough handicapped children to provide the students with a sound experience. If you exceed the 2:1 ratio the mainstreaming benefits are lost.

While a combination of a school district handicapped preschool program with a laboratory program is preferable, it is not absolutely essential as long as the mainstream situation exists. However, the benefits of having a school district preschool handicapped program involved are that it provides:

- more adult supervisory personnel for both children and students.
- a greater opportunity to meet the handicapped children's needs.
- a continuum of services for handicapped preschoolers.

WHAT IS AVAILABLE TO ASSIST IN ADOPTING THIS PROGRAM?

There are two materials that will be of great assistance in adopting the **HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM**:

The **ADMINISTRATIVE GUIDE** is designed for use by administrators, and supervisors interested in the program. It provides:

- basic information about the program
- descriptions of the components
- program development formats
- benefits of the program
- potential problems in implementation
- program specifications and variations
- evaluation information
- cost background

The **CURRICULUM GUIDE** is designed for use by the teachers involved in the program. It describes the daily operation of the program and provides lessons for the high school students about handicapped preschoolers. The materials included are:

- background for the teacher on special education and early intervention
- semester, weekly, and daily schedules for both high school and preschool children
- lessons and activities to prepare the high school students to work with handicapped children
- evaluation materials for the teacher
- resources

OTHER AVAILABLE RESOURCES:

PREPARING CHILD CARE WORKERS IN A MAINSTREAMED SETTING is a slide/tape presentation showing the program in operation.

The **INFANT-TODDLER SCREENING PROGRAM GUIDE** presents a community-based screening program utilizing an interdisciplinary approach with milti-agency involvement. This screening program is designed for children from birth to three years of age.

ALL MATERIALS ARE AVAILABLE FROM:

HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM
Countryside High School
3000 State Road 580
Clearwater, FL 33519 (813) 797-3138

Acknowledgements

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It is also important to acknowledge those corporations which have allowed us to reproduce their materials either as samples or for the use of teachers implementing the programs. These corporations include:

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Mrs. Barbara Finck, Day Care Licensing Board
Marilyn Schoenborn, parent of high school student
Heather Schoenborn, high student
Mindy Bunce, high school student
Carla Coyne, parent of preschool child

Preface

The HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM integrates two school district programs - vocational child care and preschool handicapped classes - which results in the expansion of opportunities and education of both high school and preschool students. The program is designed to meet two primary goals:

1. To prepare high school students as community child care workers and for other careers working with handicapped and non-handicapped preschool age children. (It also provides them with parenting skills.)

2. To deliver an appropriate prekindergarten program integrating handicapped children ages three to five years old with non-handicapped children of the same age.

Products are available to assist in the implementation of the HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM. The Administrative Guide is designed for administrators and program supervisors who are considering initiating a program. The Curriculum Guide is designed for the teachers who will be implementing the program in their classrooms. It contains information to assist the teachers in coordinating schedules, acquiring materials, and provides lessons and handouts regarding handicaps and the needs of children with special needs. It is designed to supplement the existing child care preparation program. In Florida it is coordinated with the state curriculum instructional standards for "Child Guidance and Care Services."

CURRICULUM GUIDE. This is the Curriculum Guide and it is prepared for use by both Home Economics and Preschool Special Education teachers. The four major parts of the guide cover the program's design, instructional lessons and materials for the high school students, a glossary of terms, and a list of resource materials for teachers and students. Preceding the guide is an "Overview" that summarizes the HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM.

The Appendix includes samples of the Child Care teacher's semester plans, daily and weekly student planning materials, and various program procedures. In addition, the Appendix includes copies of handouts, review sheets and assessment materials that are specifically for the Child Care teacher to reproduce for the high school students. These have not been inserted into the loose-leaf, but have been banded and enclosed for ease in reproduction.

TERMINOLOGY. On the following page is a list of terms which assist you in understanding this guide. For further information, see the GLOSSARY.

"WHAT TERMS ARE NEEDED TO UNDERSTAND THIS GUIDE?"

Students = this term is used through this manual to indicate the high school or post-secondary students enrolled in the child care courses.

Community children = 3 to 5 year old children from the community who attend the laboratory preschool run by the home economics department.

Handicapped children = 3 to 5 year old handicapped children enrolled in the cross-categorical preschool program. The children have mild to moderate handicaps in a variety of areas with the exception of emotionally handicapped children.

Children = this term is used to indicate all the 3 to 5 year olds involved in the High School/Preschool Partnership Program.

Least Restrictive Environment/Alternative = the educational placement of a handicapped child where the child can learn the best. The setting should be as close to the typical setting of the child's non-handicapped peers while providing the individual with the most appropriate education possible.

Individual Educational Plan (IEP) = a document detailing the educational program of a handicapped child.

Mainstreaming = the integration of handicapped and non-handicapped children both physically and academically in the program.

Child care courses = classes at the secondary and post-secondary level which prepare students to work with young children.

Special education = programming designed to meet the special needs of children with various handicapping conditions.

CURRICULUM GUIDE

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PREFACE FOR THE TEACHER:

PRESCHOOL PROGRAMS AND HANDICAPPED CHILDREN

A PREFACE FOR THE TEACHER:

Preschool Programs and Handicapped Children

In the early 1800's, Friedrich Froebel became one of the first advocates of early education. Believing that children must be actively involved in their learning, he established the first Kindergarten. A century later Maria Montessori became an advocate for early intervention. Her well-known work with low achieving disadvantaged preschoolers in Rome might well be thought of as the first "Head Start" program. Through her work at the "Cases de Bambinis" she demonstrated that emphasis on learning at an early age could make a significant difference on a child's growth and development. By the late 1920s and '30s Kindergartens were well established in the United States. More parents were enrolling their children in Kindergartens and nursery schools every year, and states started mandating that school districts provide free public Kindergartens. In 1981 Florida became one of the first states to institute a requirement that all children must attend Kindergarten prior to entering first grade.

Interest in the expansion of preschool education for children three to five years of age began in the 1950s and'60s. Simultaneously, animal experiments documented the negative environmental and positive impact of deprivation and stimulation, respectively. Similarly, studies on child growth and development patterns demonstrated the need for early intervention with disadvantaged young children. In 1965, federal legislation establishing Project Head Start under the Economic Opportunity Act was passed providing preschool programs for disadvantaged children. Three years later, in 1968, federal legislation providing the development of model programs for preschool education of handicapped children was passed. In 1972 the Head Start program was amended to require 10% of their enrollment be allotted for handicapped youngsters. Then, in 1975, PL94-142 was passed requiring the provision of free, appropriate education to handicapped children and permitting such programs be initiated at age 3. Currently some states require programs for all handicapped children at age 3 and some states provided programs for some children at that age. A few states also provide for services for at least some handicapped children prior to age 3.

Early Intervention

Preschool programming for handicapped children has received increased attention in the last 10 years for a variety of reasons. First, while there has always been a significant population of young handicapped children, most of them were never diagnosed as such. They had to exist, however, because logic dictates that all the children in elementary level special education classes did not suddenly become handicapped at age seven, eight, or nine. Better assessment and identification techniques, fewer institutionalizations and neonatal medical advances have increased the identification of this popoulation. Thus it is becoming a larger and more recognizable group to serve.

Research on early intervention in the 1960s, '70s, and'80s has shown many benefits for children. Improved academic performance and higher tested intelligence levels have been shown as well as lower-than-expected secondary school student drop-out rates. Of major importance is that significant reductions in the need for special educational services through the high school years has resulted in savings to school districts. These savings vary and have been estimated at $9,000 - $16,000 per child by Wood (1981), and $3,000 by Schweinhart & Weikart (1980) over the child's school lifetime. Within 3 years of service Tennessee estimated a $7.00 savings for each dollar spent at the preschool level (Snider, Sullivan & Manning, 1974) and Colorado reported a figure of $4.00 saved for every dollar spent (McNulty, Smith & Soper, 1983.) Studies have also begun to examine other benefits inluding the mother's returning to work and increases in the projected life-time earnings of the child.

Mainstreaming

The benefits of mainstreaming at the preschool level are less well-defined at this time. Mainstreaming, the integration of handicapped children with non-handicapped children, is a concept promoted by PL94-142 and is relatively well-established in the traditional school system. Appropriate implementation of this concept at the preschool level has been difficult because preschool children without handicaps are not served in very many districts. As a result, several choices have been available:

-- Reverse Mainstreaming: bringing a few non-handicapped children into a class for handicapped children.
-- Mainstreaming "Up": integrating handicapped preschoolers into the regular kindergarten where the children are older.
-- Head Start: Placement of eligible handicapped children with non-handicapped peers is a priority, but programs cannot serve all the handicapped children who benefit from mainstreaming and meet their other goals as well.
-- Attending a Regular Preschool: here the handicapped children may be fully mainstreamed but their needs may not be met because the teachers rarely have had special training. (There are some programs that have worked to train the teachers.)

An advantage of the HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM is the provision of a site where handicapped children are mainstreamed with their age peers. They have the benefit of trained personnel as well. Further, as students graduate and are employed in day care and preschool programs, handicapped children will be more welcome in regular preschools. There will be care givers with training and experience in working with handicapped children.

Benefits of mainstreaming for handicapped children are two-fold:

1. It challenges the handicapped preschoolers to reach performance levels similar to their non-handicapped age-mates.
2. Mainstreaming is preparation for the regular education program that he will most likely attend when he reaches school age.
3. For the non-handicapped child, mainstreaming provides interaction with handicapped children and the opportunity to learn that handicaps are a part of a person but are not the primary aspect of the person. In this setting both handicapped and non-handicapped children learn that they are more alike than they are different.

Who should be mainstreamed? Any child who is similar socially (maturationally) to other children in the class and whose cognitive development is not more than 6-9 months below the youngest child in the non-handicapped group. These are the criteria which, after trial and error with a broader range of differing children, proved to be most effective in the pilot program.

Typical and Atypical Child Development

The line between typical and atypical child development is unclear. Because of this, arbitrary lines are drawn based upon scores. Two children may be very similar but, because of the behaviors sampled on a test, one may be considered in need of special services while the other may not. Additionally, the better our assessment instruments have become, and the greater our orientation to academic achievement at an early age has become, the finer our delineation and the greater our identification of children with mild educational disabilities. Thus, many children identified today as having atypical development would not have been identified 10 years ago. Typically, these children are those who will benefit most from mainstreaming.

Atypical development of a child in one developmental area will frequently affect his ability and development in other areas. For example, a child who has cognitive deficits may also have delayed language and poor perceptual-motor skills. He may also be socially immature. A child with emotional problems may exhibit learning problems and language problems as well. A language delayed child may have a poor self-image and experience frustration in expressing himself which results in behavioral problems.

Sensory and physical deficits are the most complex. A child with a hearing problem often has language difficulty as well. In addition, a short attention span can cause further learning problems. If the hearing impairment is due to middle ear infections, balance may also be affected. Similarly, a visually impaired youngster may have poor physical skills which start in infancy. With no visual stimuli the child has no incentive to prop up or roll over. Later this may continue as fear of the unknown inhibits his movement around the environment. All of this combines to increase the child's difficulty in learning new concepts.

Awareness of the multiple impacts of handicaps on the total child is of paramount importance for those working with the child. Lessons in this curriculum are designed to create this awareness; to provide the care givers with practical suggestions to assist in working with these children; and to identify remedial activities that can be done in the preschool.

Child Care and the Handicapped Child

Child care workers trained to work with handicapped children are desperately needed. Many day care providers (both center and home-bound) will reject outright the enrollment of a child with special needs. Others will attempt to work with the child, but may find themselves frustrated by lack of knowledge.

These factors often make day care for handicapped children difficult for parents to find.

However, the divorce rate in families with handicapped children is higher than in other families. Medical expenses are also often higher. These factors add to the need of the handicapped child's parent(s) to work, thus increasing the need for day care for these children.

In a mainstreamed setting a developmental approach to child care or preschool is most appropriate. Such an approach is based on stages of developemnt each child goes through. A variety of experts in the field of child development have put forth differing theories of child development. The experts do, however, tend to agree that the developmental stages are sequential and hierarchical with little or no variance. While stages are often associated with certain ages, the handicapped child will not necessarily meet those standards. He may be at a stage normally expected of a younger child in one or more areas of development. Each child will, however, go through Stage 1 before reaching Stage 2 and so on (with exceptions made for physical limitations). Skills, tasks and concepts build upon one another, becoming more complex and interrelated, in the same way for the handicapped as they do for all children.

SUMMARY

Handicapped children, particularly those with mild to moderate disabilities, can benefit from preschool programs with their non-handicapped peers. Child care workers can facilitate their success by being knowledgeable about child development and having a reasonable perspective on the effect of various handicaps on the young child's development.

The following curriculum is designed to assist child care instructors in providing additional training regarding handicapping conditions. The curriculum includes lessons, resources and follow-up materials. The lessons are designed to be integrated into the existing child care curriculum.

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PROGRAM DESIGN

n of the guide provides the reader with the design of the
is necessary to understand the design to develop the
ordinate the high school and preschool curriculums, develop
nd evaluate program effectiveness.

PREMISES

ual is predicated on the concept that a child care
ion program exists in your setting. It may be
nal, or the course may not presently be offered, but
curriculum option. In Florida, courses related to
ly, such as Child Care, are part of the Home
s and vocational Education Curriculum. In other
this curriculum may be part of Psychology or another

iculum is designed for use on a semester system but
odified to a full year program. It is also designed
ogram in which high school students are enrolled for
ecutive periods each day.

sumed that the high school students have taken a
n Child Development prior to enrolling in the
(Recommendation: students should be at least
es, have attained a grade of C in Child Development,
ecommended for enrollment by the Child Development
who knows them.)

NTS

Home Economics Child Care Curriculum
High School Curriculum and Schedules
Preschool Curriculum and Schedules
nt/School Communication

THE HOME ECONOMICS CHILD CARE CURRICULUM

In the state of Florida two courses deal with Child Care. These courses are entitled "Fundamentals of Human Care Services" and "Child Guidance and Care Services".

The first course is considered a career survey course. The fundamentals course is just that, a course which provides the students with basic information and a laboratory experience. The latter course is designated as a vocational preparation course. It has more in-depth instruction with both laboratory experiences and community placements. The laboratory experiences are not only important to the students but are strongly suggested by the state guidelines.

The pilot project has found that the operation of our own preschool is preferable to using community placements for the laboratory setting. The set up of the laboratory program is discussed later in this chapter.

[illegible]

COURSE 1: FUNDAMENTALS OF HUMAN CARE SERVICES (Child Care I)

This course covers many possible careers in the area of services to people. While the model program's main emphasis is on child care, the following areas are also covered:

- Care of the Elderly
    - Adult Day Care
    - Nursing Homes
    - Home Care
- Care of the Disabled
    - School Programs
    - Day Care
    - Sheltered Workshops
- Care of the School-aged Children
    - After School Programs
    - Recreational Programs
    - Adolescent Programs

These areas, however, do not receive the same kind of emphasis as the preschool area. Related careers, the importance of the programs, planning and curriculum in the preschool, and planning care are discussed.

The child care content covers many areas including infant care, day care home, preschool centers and kindergarten, as well as Head Start programs. The requirements for employment in these programs and appropriate programming for young children, are integral parts of the course.

FLORIDA STATE STANDARD

VOCATIONAL PROGRAM COURSE STANDARD July 1984

PROGRAM AREA: Home Economics Education

PROGRAM COURSE TITLE: Fundamentals of Human Care Services

SCHOOL DISTRICT PROGRAM COURSE NUMBER: 2711

COMMUNITY COLLEGE PROGRAM COURSE NUMBER: NA

PROGRAM COURSE DESCRIPTION: The program course is designed to provide instruction in competencies common to a cluster of occupations in human care services and to develop skills, knowledge, and attitudes for success and advancement in a specialized occupational proficiency program.

PROGRAM COURSE CONTENT: Instruction is designed to enable the individual to achieve instructional objectives in the following content areas:

A. Orientation to FHA/HERO and vocational education.
B. Employability skills including personal health and hygiene, communication, computation, and human relations.
C. Job sources, descriptions, qualifications, and career opportunities in human care services.
D. Introduction to operational procedures.
E. Selection, use, care, and maintenance of equipment, tools, and supplies.
F. Resources and services available to meet the needs of:
    1. children
    2. adolescents
    3. families
    4. elderly
    5. disabled
G. Observation of and participation with those groups requiring human care services.
H. Rules, regulations, and legislation.
I. Management of time, energy, space, money, and other resources.
J. Safety, sanitation, and security.
K. Free enterprise, consumer, economic, and entrepreneurship education.
L. Leadership skills.
M. Future trends in human care services.

Whenever the Fundamentals Program Course is offered, instruction must be included from each of the content areas during each school year.

Future Homemakers of America/Home Economics Related Occupations is the appropriate vocational student organization for providing leadership training experiences and for reinforcing specific vocational skills. When provided, these activities are considered an integral part of this instructional progam course. The typical length of this program for the average achieving student is 180 hours.

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COURSE SYLLABUS

FUNDAMENTALS OF HUMAN CARE SERVICES - 2711

CHILD CARE I
(1 semester - 1 credit)

Prerequisite: Child Development

Course Objective:

To expose students to the field of human care services. Through study, observation and participation, students will gain knowledge, understanding, and skills necessary for employment in related occupations. Experiences will be provided in working with young children and visitation to related community care programs.

Course Outline:

I. Introduction to Human Care Services
   A. Levels of human care
      1. Child care
      2. Adolescent and family care
      3. Elderly care
      4. Disabled care
   B. Career opportunities
   C. Employability skills
II. Human Growth and Development (Review)
   A. Stages of life
   B. Intellectual
   C. Physical
   D. Emotional
   E. Social
III. Caring for the Handicapped
   A. Handicapping Conditions
      1. Emotional
      2. Speech and Language
      3. Physical
      4. Hearing
      5. Learning
         a. Mental Retardation
         b. Specific Learning Disabilities
   B. Identification of Handicaps
      1. Screening
      2. Observation
IV. Planning and Implementing a Care Program
   A. Operation of a center
      1. Policies, procedures, and legislation
      2. Management of equipment, supplies, space and other resources
      3. Resources and Services available
      4. Health, safety and sanitation
      5. Professionalism and future trends

- B. Routines
  - 1. Personal care
  - 2. Food
  - 3. Housekeeping
  - 4. Activities
- C. Curriculum for Child Care
  - 1. Language arts
  - 2. Mathematics
  - 3. Social studies
  - 4. Science
  - 5. Art
  - 6. Play
  - 7. Music

V. Observation and Participation
- A. Home Economics laboratory preschool
- B. Varying exceptionalities preschool
- C. Community field trips

Textbooks: Conger, F.S. and Rose, I.B. Child Care Aide Skills.
New York: McGraw-Hill, 1979.
Draper, M.W. and Draper, H.E. Caring for Children (Revised). Peoria, IL:
Chas. A. Bennet Co., 1979

Course Requirements and Expectations:

1. A LARGE notebook (3 ring) and 10 dividers. Each student will compile a notebook that includes all units of study. This will include many practical activities and ideas that can be used with children and in future jobs.
2. Attitude is the most important ingredient for success. This class takes time, work, energy and enthusiasm. Cheerfulness, cooperation, and a willingness to do more than your share will help make this a successful team effort.
3. School rules will be enforced.

Grading System:

100-94	A	1st six weeks		2nd & 3rd six weeks	
93-85	B	class participation	25%	work with children	50%
84-75	C	notebook	25%	class work, projects,	
74-70	D	class work, projects	25%	tests	50%
69-0	F				

COURSE 2: CHILD CARE AND GUIDANCE SERVICES (Child Care II)

This is an advanced course which concentrates on the careers in child care and educational fields. In this course, lectures expand on the information presented in Child Care I. The students have additional experience in the laboratory preschool and have experience one or two days a week in early childhood programs in the community. These experiences are in preschools, kindergartens and other specialized prekindergarten programs. If students elect to take this course a second time, the time spent in out-of-school experiences is increased.

Relative to handicapped children, the students build upon their previous instruction. They deal with the more complex terminology of Developmental Disabilities and Giftedness. They may also learn about evaluation .and about the the complexity of planning for handicapped children required by law.

FLORIDA STATE STANDARD

VOCATIONAL PROGRAM STANDARD: July 1984

PROGRAM AREA: Home Economics Education - Gainful Employment

PROGRAM TITLE: Child Guidance and Care Services

SCHOOL DISTRICT PROGRAM NUMBER: 2716

COMMUNITY COLLEGE PROGRAM NUMBER: HG 20.020101

PROGRAM DESCRIPTION: The program is designed to prepare a person for employment as a Child Care Attendant, Household Child Care Worker, or Child Care Center Worker, or to provide supplemental training for a person previously or currently employed in one of these occupations.

PROGRAM CONTENT: Instruction is designed to enable the individual to demonstrate by written and/or oral, and performance examination the necessary competencies to:

1. Plan art activities.
2. Plan music activities.
3. Plan story time.
4. Plan dramatic play activities.
5. Plan food preparation activities.
6. Plan manipulative play activities such as puzzles and woodblocks.
7. Plan free-choice play activities.
8. Plan nature science activities.
9. Plan outdoor play activities.
10. Plan special activities such as field trips, visits from resource persons, holiday celebrations, and parties.
11. Plan for child development equipment and supplies.
12. Plan daily activities.
13. Plan weekly activities.
14. Plan monthly activities.
15. Organize and guide art activities.
16. Organize and guide music activities.
17. Organize and guide story time.
18. Organize and guide dramatic play activities.
19. Organize and guide food preparation activities.
20. Organize and guide manipulative play activities.
21. Organize and guide free-choice play activities.
22. Organize and guide nature science activities.
23. Organize and guide outdoor play activities.
24. Supervise routine bathroom activities.
25. Supervise snack and/or meal activities.
26. Guide rest period.
27. Supervise care of teeth.
28. Implement procedures in case of an accident.
29. Implement procedures in case of an illness.

30. Implement procedures in case of a disaster such as fire, tornado, hurricane, earthquake, or flood.
31. Supervise special activities, such as visits from resource persons.
32. Supervise special activities, such as field trips.
33. Supervise special activities, such as parties and holiday celebrations.
34. Store equipment and materials.
35. Check toys for safety and repairs.
36. Maintain furnishings and equipment.
37. Maintain kitchen appliances.
38. Supervise the care of pets and plants.
39. Clean child care center.
40. Launder items such as linens, doll clothing and dress-up clothing.
41. Prepare laundry for pickup.
42. Store food and supplies.
43. Prepare meals and snacks.
44. Set and clear table.
45. Serve food.
46. Wash and store dishes, glassware, silverware, and utensils.

Instruction shall include: theory, observation, and supervised work experience with young children in a school laboratory or in an approved community laboratory situation.

Future Homemakers of America/Home Economics Related Occupations is the appropriate vocational student organization for providing leadership training experiences and for reinforcing specific vocational skills. When provided, these activities are considered an integral part of this instructional program.

The cooperative method of instruction is appropriate for this program. Whenever the cooperative method is offered, the following is required for each student: a training plan which includes instructional objectives and a list of on-the-job and in-school learning experiences; a work station which reflects equipment, skills, and tasks which are relevant to the occupation which the student has chosen as a career goal.

Employability Skills Standards are provided as a part of this program.

The typical length of this program for the average achieving student is 540 hours.

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COURSE SYLLABUS

CHILD GUIDANCE AND CARE SERVICES - 2716

CHILD CARE II
(1 semester - 1 credit)

Prerequisite: Child Care I

Course Objective:

The purpose of this course is to prepare students for employment in the field of child care. Through study, observation, and participating the student will gain knowledge, understanding and skills that will help them fulfill children's needs. Specialized activities include work experience with young children in the high school and community facilities. This information can be used in many ways - as an aide in child care centers, as a parent, or as a stepping stone to higher level jobs and eventually to one of the many professions that deal with children and parents.

Course Outline:

I. Introduction to child care services
  A. Employability skills
  B. Employment opportunities
II. Review of principles of growth and development
  A. Ages and stages
  B. Guidance and behavior
  C. Special needs children
III. Planning and implementing a child care program
  A. Program planning and curriculum
  B. Arranging and maintenance of activity areas and equipment
  C. Techniques for instruction and caring for children
  D. Health, safety and nutrition
  E. Working with parents
  F. Resources and services
IV. Administration of child care center
  A. Management of resources
  B. Rules, regulations and legislation
  C. Professionalism
  D. Future Trends
V. Work experience
  A. School
  B. Community

Textbooks: Conger, F.S. and Rose, I.B. Child Care Aide Skills.
New York: McGraw-Hill, 1979.
Draper, M.W. and Draper, H.E. Caring for
Children (Revised). Peoria, IL:
Chas. A. Bennet Co., 1979

Course Requirements and Expectations:

1. Students will continue to add materials to their notebooks (started in Child Care I). Additional activities and teaching materials will be made.

Reading assignments will include textbooks as well as current articles about child care.

2. Students will work in the Little Cougar Preschool and in community schools during their assigned class time. (Students with transportation will have a wider variety of preschools at which to work.)

3. ATTITUDE is the most important ingredient for success. This class takes time, work, energy and enthusiasm. Cheerfulness, cooperation, and a willingness to do more than your share will help make this a successful team effort.

4. School rules will be enforced.

Grading System:

100-94	A	Lab grade - class participation and working with children	50%
93-85	B		
84-75	C	Classwork, projects, reports	25%
74-70	D	Evaluation of community work	25%
69-70	F		

THE HIGH SCHOOL PROGRAM

As a goal of this program is not only learning about handicapped children but also viewing them as part of the larger group, it is imperative that lessons about handicapping conditions not be taught as a unit but be incorporated within the overall course at logical intervals. For example, the lesson on Speech and Language Impaired Children is included during the discussion of teaching language skills.

To incorporate this program into the Child Care program, it is essential that the teachers review their original course outlines and adjust them to include an additional 8-9 lessons in the introductory course and 5 additional lessons in the advanced course. To do this, the Child Care teacher might consider (1) eliminating some material, (2) compressing other activities and (3) making some assignments self-study (i.e., homework). By using these strategies, the quality of the Child Care program as it previously existed is not compromised.

THE STRUCTURE OF THE CHILD CARE CLASSES.

Introductory Course: Child Care I.

The introductory course in Child Care must provide the students with an introduction to the goals of the preschool, early childhood teaching methods, and an introduction to children with Special Needs. Most of the instruction will take place during the first five weeks of the semester. Appendix C provides a topical outline, in plan-book form, for one complete semester. Each class session is two periods in length. One hour is devoted to instruction while the second hour is usually an activity which reinforces the lesson content in a less structured atmosphere.

During the remainder of the semester, three days each week are for the preschool laboratory experience. The other two days each week are for explaining lesson plans to the class, discussing the week's activities, traditional classroom instructional activities or field trips.

Child Care II.

High School students in Child Care II also spend a majority of their first five weeks in the classroom instructional setting. In addition they spend two days each week in a community program. The students rotate through three early childhood settings: (1) kindergarten, (1) a preschool center, and (1) optional setting (a second preschool or kindergarten or a specialized preschool for handicapped children, gifted children, or other.) The remainder of semester is spent similarly to the Child Care I students. However, one day each week is spent in a community placement.

Child Care III

Advanced students taking Child Care III are assigned to a single community preschool or kindergarten program of their choice for the semester. During the first five weeks these students spend 4-5 days each week in that setting. The remainder of the semester they are in that setting one day per week, and in the classroom one day per week for additional lectures. They also work in the laboratory program three days per week. Child Care II and Child Care III are designed to meet concurrently, if necessary to meet class load requirements.

THE PRESCHOOL PROGRAM(S)

1. LABORATORY PROGRAM PRESCHOOL

There are two components to the preschool program - the Child Care Community Preschool and the Handicapped Preschool class. Together these comprise the laboratory preschool program. These components are discussed below.

Child Care Community Preschool

The community program is a part-time program designed to coordinate with the Home Economics Child Care program. The community children are selected on a first come, first served basis with some modifications. It has been effective in the pilot program to enroll ten children to maintain an equal ratio of boys to girls with 10 children who are "3 by September 1" and 10 who are "4 by September 1". (September 1 is the State of Florida's cut-off date for Kindergarten enrollment.) Because this is a laboratory program designed as a training site for the high school child care classes, exceptions may be made to provide racial and ethnic variations, bilingual children, or unusual situations such as twins. This is a part-time program, so the number of working mothers and single-parent families is small which is atypical of most child care programs.

Children enrolled as 3-year olds will be kept in the program the following year if the parents so desire once the community is aware of the program. Experience has shown that active recruiting for enrollment is unnecessary. In fact, a long waiting list develops.

The Handicapped Preschool

This class is a full-time program with ten handicapped children, a special education teacher and a teacher's aide. The exceptional children enrolled represent a wide variety of mild to moderate handicaps. Children with significant emotional handicaps have been included in the pilot program as it was determined that these students have needs greater than the program can accommodate. Handicapped children meet district criteria for special education and are staffed into the class following state and local guidelines. A major criteria for entrance is that the staffing team must make the decision that the child can succeed in, and benefit from, a mainstreamed setting. Therapeutic and specialized services are provided based on the children's I.E.P.s.

stremmed Laboratory Preschool Program

the portion of the time the community and handicapped children
grated. It is equivalent to the operational time of the
program. It runs three half-days per week, 8:30-12:00, for
each semester (weeks 06-18).

M	T.	W	R	F
V.E.* all day	V.E.	V.E.	V.E.	V.E. all day
	Mainstreamed Laboratory Preschool Program			
	V.E.	V.E.	V.E.	

V.E. - varying exceptionalities (preschool handicapped)
self-contained program

he Mainstreamed Preschool the children are fully integrated
arge group, small group, and self-selected activities.

of the community preschool children pay a small daily fee and
ion fee to help offset the costs of materials. Funds from
ptional education program budget support their involvement in
nstreamed program, and, or course, the Home Economics
t supports the remainder. Parents of the handicapped
do not pay a fee because they are enrolled in a school
program. Their attendance generates state and federal funds
andicapped children to the district.

2. ROLE DEFINITION

A major task critical for successful replication of this model program is that of defining the specific roles of different people involved. Role definition takes time and will vary depending on the strengths of the people involved. Flexibility and openness are keys to success in implementing the program. There are three primary positions incorporated in this model:

a. Child Care Teacher - serves as director of the Child Care Center and is reponsible for the education of the high school students, as well as the non-handicapped preschool children from the community. Her responsibilities include:

(1) Planning and direct instruction of the high school students in early childhood education.

(2) Smooth operation of all aspects of the Child Care program.

(3) Supervises high school students' work
   planning for teaching
   teaching
   snack planning and preparation
   material selection and use
   assistance to children

(4) Assures "paperwork" is complete
   attendance
   health certificates
   permission slips
   accident report forms
   fee collection
   licensing standards

(5) Supervises the community children

b. Special Education Teacher - is primarily responsible educational program provided to the handicapped children at all times. She also assists the Child Care teacher with the educational program for the high school students. The Special Education teacher is responsible for all planning and instruction for the handicapped preschoolers when they are self-contained. It is the special education teacher's duty to ensure that all goals and objectives for the childrens' individual education plans are addressed during both the self-contained and mainstreamed programs. Various roles this individual will have:

(1) teach the handicapped preschoolers and ensure their appropriate education.

(2) assist child care teacher with instruction of handicapped children during mainstreamed times.

(3) supervise/facilitate high school students in the instruction of the children's direct instruction.
(Provide indirect instruction)

(4) assist students in planning to meet the needs of the handicapped children.

(5) provide direct intervention when high school students are teaching - either with an individual or the group.

c. Special Education Teacher Aide - primarily assigned to assist the Special Education teacher, but will also work with the high school students. The aide's duties include:

(1) assist Special Education teacher in instruction of handicapped preschoolers.

(2) assist high school students indirectly, in implementing their plans.

(3) help ensure the needs of the handicapped children are met at all times.

Specialists may work with the handicapped children to provide services such as physical or occupational therapy, speech therapy, orientation and mobility or auditory training. These individuals may serve as resources regarding their careers or in terms of a particular child's needs, however, they rarely will be involved as more than a "guest speaker" for the high school students.

3. PRESCHOOL CURRICULUM

Utilizing a single curriculum in both the Child Care Preschool and the Exceptional Child Preschool class helps provide a continuity between the part- time mainstreamed program and the self-contained handicapped preschool. It also assists the high school students in planning to teach concepts and skills within their weekly themes.

Any developmentally oriented curriculum works which follows naturally from the high school students' work in child development will work well to facilitate the concept of handicapping conditions being on a continuum, as the students view the preschoolers developmentally.

One curriculum which has been used successfully is the ERIN curriculum. ERIN is the name of a specific curriculum developed by the Early Recognition Intervention Network and is widely used in Florida. It has a developmental base. It views children in terms of receptive and expressive skills in four basic areas. These four areas are:

Language
Visual-Perceptual Motor
Body Awareness and Control
Participation and Self-Organization

The Preschool curriculum covers two semesters, coordinated between the mainstreamed and handicapped programs. This includes weekly themes and the concepts/skills to be covered. Weekly unit themes for each week assist the high school students in providing cohesiveness to their plans for the week. These weekly themes are planned by the Child Care and Special Education teachers. The preschool program calendars for fall and spring semesters are on the following pages.

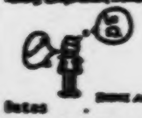
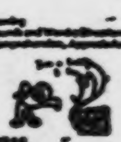
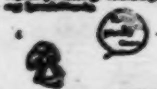
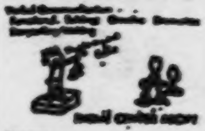
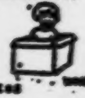
The high school students do the daily planning for the laboratory preschool based on the themes. Their plans are reviewed by the teachers before they are presented to the children. The high school students work in groups of 3-4 and have a different responsibility each week. This must be scheduled for each semester.

PROGRAM CALENDAR

The Program Calendar is designed to show the continuity of the semester in terms of skills to be taught, skill sequencing and unit themes used to provide activities each week. The skill sequence utilized in the pilot project is provided by the ERIN Curriculum. The topics are chosen by the Child Care and Preschool Special Education teachers.

FALL SEMESTER

WEEK	TOPIC
*1	Let's Be Friends
*2	Our Favorite Things
*3	We Work + Play Together
*4	Our Bodies Move
*5	We Look & Listen
6	New Friends
7	Shapes & Colors
8	All About Me
9	Seasons/Welcome Fall!
10	Halloween
11	Clothing
12	Tools & Machines
13	Indians
14	Thanksgiving
15	Music/Hanukkah
16	Winter Holidays/Christmas
17	Winter Holidays/Christmas
18	Circus
*19	Let's Play Together!

LANGUAGE	VISUAL PERCEPTUAL MOTOR	BODY AWARENESS & CONTROL	PARTICIPATION
 Dates (Aug, Sept) Oct	 Dates (Aug, Sept) Oct	 BUILD A BODY Dates (Aug, Sept) Oct	 DAILY SCHEDULE Dates (Aug, Sept) Oct
 Dates (Sept) Oct, Nov	 Dates (Sept) Nov	 Dates (Sept) Nov	 I CAN CHOOSE Dates (Sept) Nov
 MYSTERY BAG Dates Nov, Dec (Jan)	 STEP BY STEP Dates Dec (Jan)	 Dates Nov, Dec (Jan)	 Dates Nov, Dec (Jan)
 Dates Dec, Jan (Jan)	 STAGE A SCENE Dates Dec, Jan (Jan)	 Dates Dec, Jan (Jan)	 Dates Dec, Jan (Jan)

* Indicates weeks when the community preschool is not in session.

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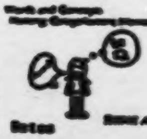
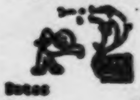
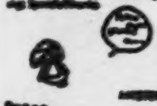
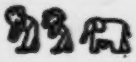
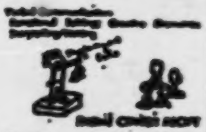
SPRING SEMESTER

WEEK	TOPIC
*1	Alike & Different
*2	Zoo Friends
*3	Winter!
*4	Valentines
*5	Emotions & Feelings
6	Our Senses
7	We Live In Florida!
8	Seasons/It's Spring!
9	Spring Holidays/Easter
10	Pets
11	Be Healthy!
12	Good Things to Eat
13	Transportation
14	Farms
15	Families/Mother's Day
16	The Beach
17	Picnic!
*18	How Big I Am!
*19	Summer Fun

LANGUAGE	VISUAL PERCEPTUAL MOTOR	BODY AWARENESS & CONTROL	PARTICIPATION
[illegible]  [illegible] Dates Feb (June *)	[illegible] [illegible] Dates Feb (June *)	[illegible] BUILD A BODY Dates Feb (June *)	[illegible] [illegible] Dates Feb (June *)
[illegible]  [illegible] Dates Mar (Feb *)	[illegible] WORKING ALL BY MYSELF Dates Mar (Feb *)	[illegible] ROLL AND STAY Dates Mar (Feb *)	[illegible] I CAN CHART Dates Mar (Feb *)
[illegible]  MYSTERY BAG Dates April (Feb *)	[illegible] STEP BY STEP Dates April (Feb *)	[illegible]  HERE TO THERE Dates April (Feb *)	[illegible] GROUP EXPRESS Dates April (Feb *)
[illegible]  [illegible] Dates May (June *)	[illegible] STAGE A SCENE Dates May (June *)	[illegible] [illegible] Dates May (June *)	[illegible] DECISION CHARTS Dates May (June *)

* indicates when the community preschool is not in session.

PROGRAM CALENDAR

The Program Calendar is designed to show the continuity of the semester in terms of skills to be taught, skill sequencing and unit themes used to provide activities each week. The skill sequence utilized in the pilot project is provided by the ERIN Curriculum. The topics are chosen by the Child Care and Preschool Special Education teachers.

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Daily and Weekly Schedules

The hours of the preschool depend on the hours of the high school and the number of Child Care classes being offered. Below are examples of two schedules used by the pilot project:

H.S. Schedule		H.S. Classes	Preschool Schedule
Period 1	7:55-8:55	.	Community Preschool
2	9:00-9:50		
3	9:55-10:45	Child Care I	Hours: 8:00-11:30
4	10:50-11:40	Child Care II	
5			
6			
Period 1	7:30-8:27		
2	8:32-9:27	Child Care I	Community Preschool
3	9:32-10:17		Hours: 8:30-12:00
4	10:22-11:12	Child Care II	
5	11:17-12:07		
6			
7			

WEEKLY SCHEDULE. The weekly schedule allows the students and teachers to see the cohesiveness of the days, and assists the Special Education teacher in coordinating her plans for the education of the children. This overview is duplicated and posted so that all the high school students are aware of the planned activities.

Daily Schedule

The daily schedule must be planned to meet the needs of the high school students' training, provide a sound preschool experience, and fit with the school day schedule. A quiet rest time is utilized at the time the students change classes. This facilitates the transition period. The plan includes large and small group activities, and a variety of programmatic areas such as language, fine motor, gross motor and times to develop social and individual needs.

1st Child Care Class

8:30	Self Choice Activities
8:55	Opening Circle
9:10	1st Small Group Activities Table/Outside/Storytime
9:10	2nd Small Group Activities Outside/Storytime/Table
9:55	Snack Time*
10:10	Rest Time
10:12	Bell Rings

2nd Child Care Class

Rest Time	
Large Group Activity*	10:30
3rd Small Group Activities Storytime/Table/Outside	10:50
Individual Work Jobs "Choice Chart"	11:15
Closing Circle	11:35
Dismissal - Community Children Lunch - Handicapped Children	11:55

*Half-way through the semester Snack Time and Large Group Activities are switched.

The children are divided into three smaller groups based roughly on the age and stage of development. Each child has an opportunity to work in each small group activity each day. Each small group activity has a particular purpose.

TABLE - Visual Perceptual Motor Skills
Art activities (drawing, cutting, pasting, printing), Pattern and lacing projects

OUTSIDE - Body Awareness and Control Skills
Riding toys, climbing, running games, ball skills, group play

STORYTIME - Language Skills
Stories, listening activities, records, dramatic play, "mystery bag", show-and-tell

Large group activities include field trips, movement experiences, social studies and science lessons, and cooking. "Choice Chart" is a time when each child may choose a particular area to work in (for example, housekeeping, blocks or readiness). Then 1-3 children will work in that area with a high school student.

Opening and closing circles are designed to prepare the child for the day and review the day's activities. Each circle is centered on the week's theme and presents songs, fingerplays and traditional opening and closing exercises.

All daily planning, teaching and operational activities for the laboratory program are done by the high school students. The students do more in-depth planning to assure they have considered:

1. what they are teaching
2. why they are teaching it
3. what materials are needed.

The Child Care and Special Education teachers supervise the planning and review the plans to assure appropriate activities and modifications are included to satisfy the children's individual needs. By reviewing the plans, the Child Care teacher also makes sure the students understand their objectives although students are not asked to record the objectives. (Samples of weekly and daily plans are in Appendices C and D.)

The high school students are assigned to groups of 3-4 to work as a team for the semester. Each week they have different duties, and during the semester each group will have each job 2-3 times. The duties are:

planning
teaching
playground supervisors
hostess
teaching
assistant/snack preparation

The students are required to work with the children each morning, except for the week they are planning. The planning week immediately precedes the week they teach.

A sample of the job divisions and the rotation schedule follow.

The Special Education teacher is responsible for all planning for the handicapped preschoolers when they are not mainstreamed. It is her duty to make sure that all goals and objectives for the childrens' individual education plans are addressed whether the lesson is for the self-contained program or the mainstreamed preschool.

Samples of weekly plans, and daily plans are located in Appendixes C and D.

SAMPLE

DIVISION OF JOBS AND DUTIES

PLANNER:

Plan all activities for teaching with supervision from Directors.*
Coordinate activities with the planners from the other class.
Prepare bulletin board that relates to theme of week.
Prepare samples of projects that children will do.
Write songs, fingerplays, etc. to be used on 3 x 5 cards.
Complete plans by Friday and turn in to Director.*
Make list of supplies and food needed.

TEACHER:

In charge of center for the week.
Go over the plans with the class on Monday; explain theme and projects, teach songs, etc.
Follow through on all plans made during planning week.
Lead and direct all the preschool student activities.
Watch time and move children to next activity.
Return materials used to proper place.
Report to director any problems.
Responsible for notes, receipts and personal items to go home.
Relax, enjoy and SMILE!

PLAYGROUND:

Manage all activities on the playground.
Have all equipment needed from storeroom ready and return equipment to storage area after play.
Supervise children at all times.
Play with the children. (Don't stand around talking!)
Lead games or activities.
Have a "Rainy Day" plan ready.
Lock and unlock doors from room and to storage room as needed and return keys to Director's desk.
Be involved with the children and their activities inside and outside. (Act as teacher's aide.)

*Directors - Child Care Teacher, Special Education Preschool Teacher

HOSTESS:

In charge of overall room appearance.
Responsible for cleanliness of tables, floors, counters, bathroom, towel dispensers, sink, and storage closet.
Straighten books, toys, records, etc.

2nd and 3rd period only:
- Make sure center is ready.
  - Take down little chairs at beginning of day.
  - Make sure easel is set up for painting.

4th and 5th period only:
- Make sure all areas of center are neat and clean.
- Stack little chairs.
  - Make sure easel is cleaned, paint covered, brushes washed.

ASSISTANT:

Act as teacher's assistant.
Help during art, language, circle times, etc., with the children and activities.

2nd and 3rd period only:
- Greet children outside upon arrival (two people).
- Relay messages to Director from parents.
- Give children quick health check.
- Secretary (one person)
  - Sit at desk near door.
  - Take attendance upon arrival.
  - Take money from parents, write receipts.
  - Keep accurate records; money should balance with the receipt book.
  - Take money and receipt book to bookkeeper's office.
  - Make note of items children bring to school.

4th and 5th period only:
- Prepare art materials to go home.
- Get lunches for the "special" children.

Snack preparation:
- See teacher for snack list and recipes.
- Prepare and serve snacks.
- Check to see that we have necessary napkins, cups and any additional equipment necessary.
- Clean kitchen area and see that laundry is taken to the washing machine.
- Put away groceries in proper place.
- Make ice each day.
- Clean out and dry sink each day.
- Sweep floor if needed.

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SAMPLE OF SEMESTER GROUP ROTATION PLAN

WEEKLY SCHEDULE **OCTOBER 1985-JANUARY 1986**

	Oct. 1-3 New Friends	Oct. 8-10 Shapes and Colors	Oct. 15-17 All About Me	Oct. 22-26 Seasons/Fall	Oct. 29-31 Halloween	Nov. 5-7 Clothing	Nov. 12-14 Tools and Machines	Nov. 19-21 Indians	Nov. 26 & 27 Thanksgiving	Dec. 3-5 Music/Hanukkah	Dec. 10-12 Christmas	Dec. 17-19 Christmas	Jan. 7-9 Circus
PLAN	2	3	4	5	1	2	3	4	5	1	2	3	4
TEACH	1	2	3	4	5	1	2	3	4	5	1	2	3
PLAYGROUND	5	1	2	3	4	5	1	2	3	4	5	1	2
HOSTESS	4	5	1	2	3	4	5	1	2	3	4	5	1
ASSISTANT/COOK	3	4	5	1	2	3	4	5	1	2	3	4	5

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PARENT/SCHOOL COMMUNICATION

Communication between parent and teachers is important at all levels of public school education. It is especially important when the program is one with which parents may have had no previous experience and with which their cooperation is essential. To ensure a regular exchange of information, the following forms of communication have been used by the pilot project. (Samples are attached)

a. A daily log book for each of the handicapped children used for two-way communication between teacher and parent.
b. A weekly letter for the parents of every child explaining the week's activities and noting any special progress or problems.
c. Notes pertaining to specific field trips, injuries, etc., are sent as necessary.
d. Annual IEP meetings with the parents of each handicapped child.
e. Individual parent conference as requested by either parent or teacher.
f. A picnic for all child care students, the preschoolers, and their parents at the end of the school year.

Other ways may be chosen to meet the communication needs of students and their parents as suits the needs of the particular program.

[illegible]

38. SAMPLE OF FIRST PARENT/TEACHER INFORMATION EXCHANGE

376 Bridge Street
Dedham, Massachusetts 02026

Name__________________________ **Completed By**__________________

Date__________________________

ERIN CHILD INTEREST SURVEY

1. What kinds of toys and activities does your child spend the most time playing with, and how does s/he use them?

2. What does your child do best?

3. How does your child use his/her free time?

4. What kind of stories and books does your child most enjoy?

5. Are there any skills your child has mentioned he or she wants to learn?

6. What kind of help does your child need to get to know (feel comfortable) with new people and places?

7. What makes your child mad? What helps to calm him/her?

8. What does your child do that annoys you and how do you handle it? Do you punish; for what; how and who does it?

9. What, if any, help does your child need with the following self-care activities?

   Dressing:

   Eating:

   Toileting:

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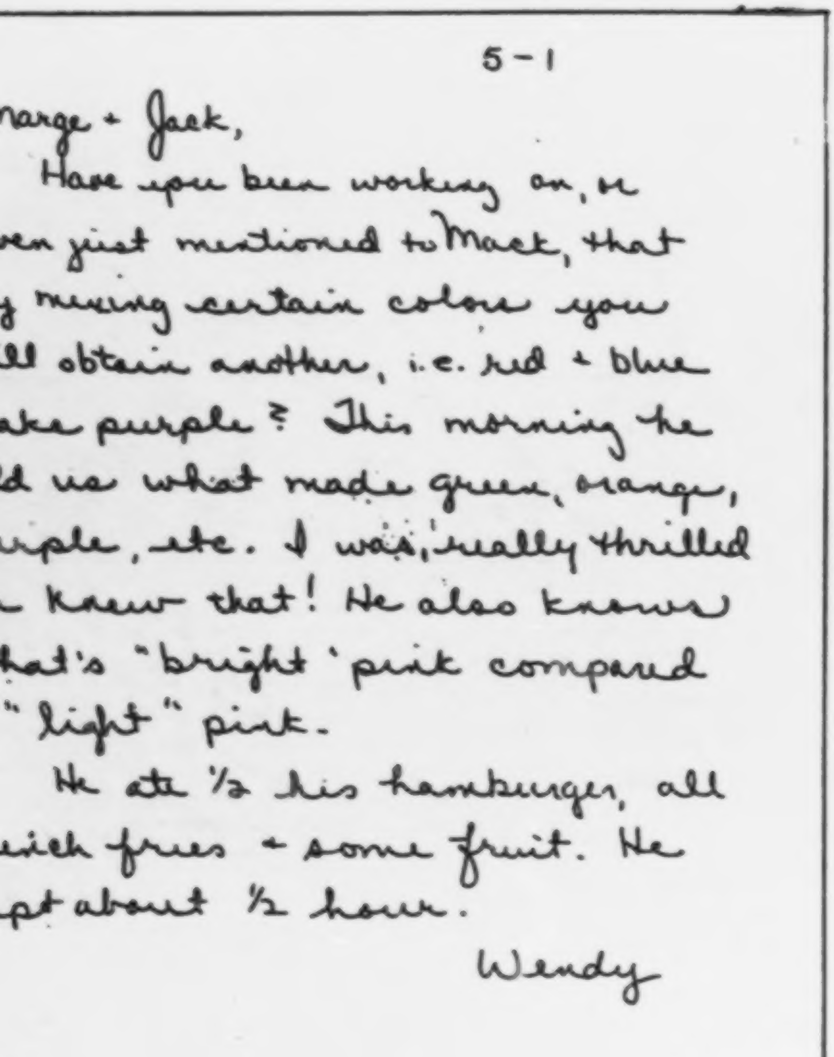
SAMPLE OF HOME-SCHOOL NOTEBOOK CORRESPONDENCE



5 - 1

narge + Jack,

Have you been working on, or ven just mentioned to Mack, that y mixing certain colors you ll obtain another, i.e. red + blue ake purple? This morning he ld us what made green, orange, urple, etc. I was really thrilled Knew that! He also knows hat's "bright" pink compared "light" pink.

He ate ½ his hamburger, all ich fries + some fruit. He pt about ½ hour.

Wendy

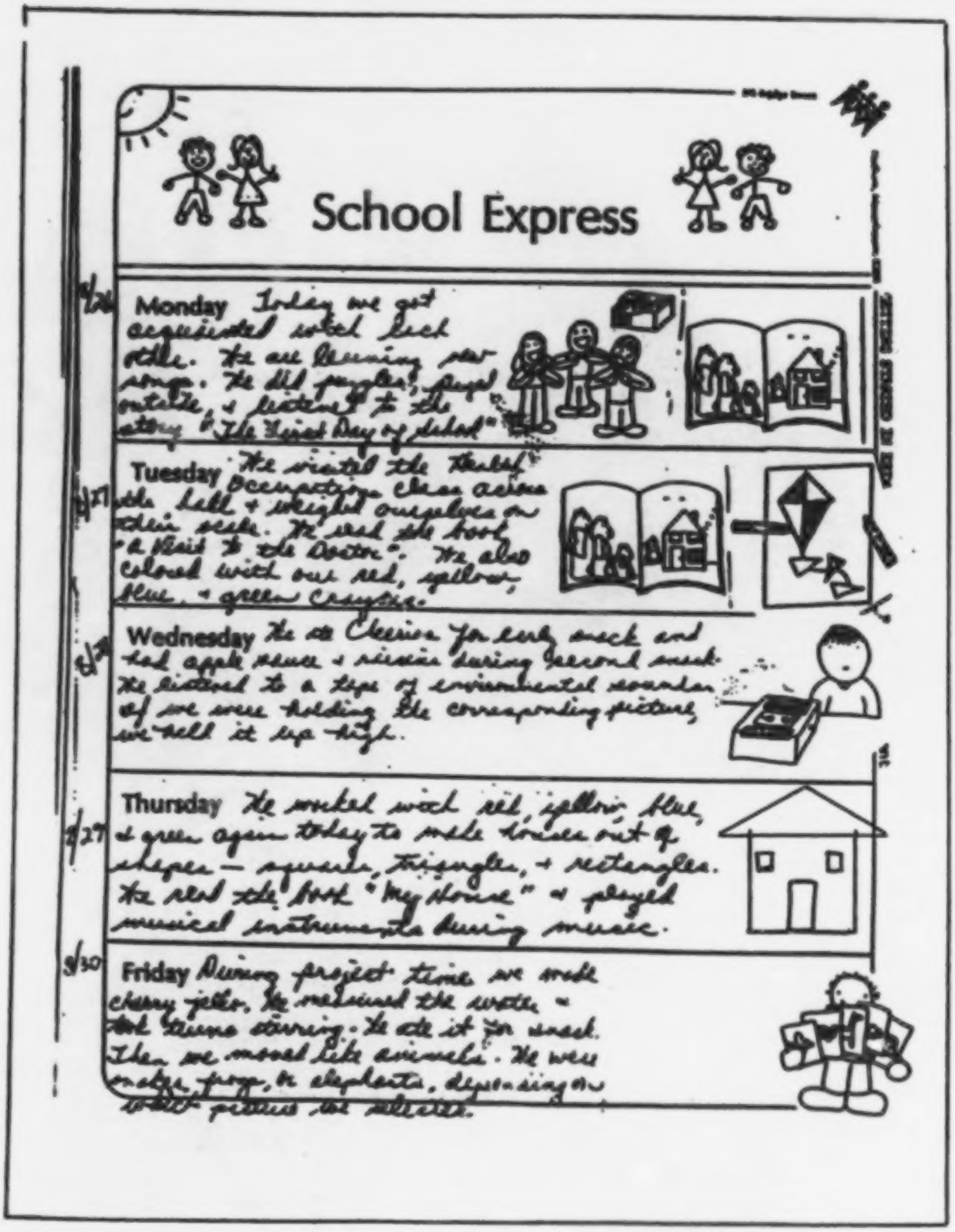
ndy,

Mack learned about mixing colors m the book Jill gave Mack at ristmas — *Panda Bears Paintbox*. the story, Panda mixes colors make other colors. Mack learned right away and still remembers!

Marge

40.

SAMPLE OF ALTERNATIVE NOTEBOOK CORRESPONDENCE



School Express

9/26 **Monday** Today we got acquainted with each other. We are learning new songs. We did jingles, played outside, & listened to the story "The First Day of School".

9/27 **Tuesday** We visited the Health Occupation class across the hall & weighed ourselves on their scale. We read the book "A Visit to the Doctor". We also colored with our red, yellow, blue, & green crayons.

9/28 **Wednesday** We ate Cheerios for early snack and had apple sauce & raisins during second snack. We listened to a tape of environmental sounds. If we were holding the corresponding picture, we held it up high.

9/29 **Thursday** We worked with red, yellow, blue, & green again today to make houses out of shapes — squares, triangles, & rectangles. We read the book "My House" & played musical instruments during music.

9/30 **Friday** During project time we made cherry jello. We measured the water & took turns stirring. We ate it for snack. Then we moved like animals. We were snakes, frogs, or elephants, depending on which picture we selected.

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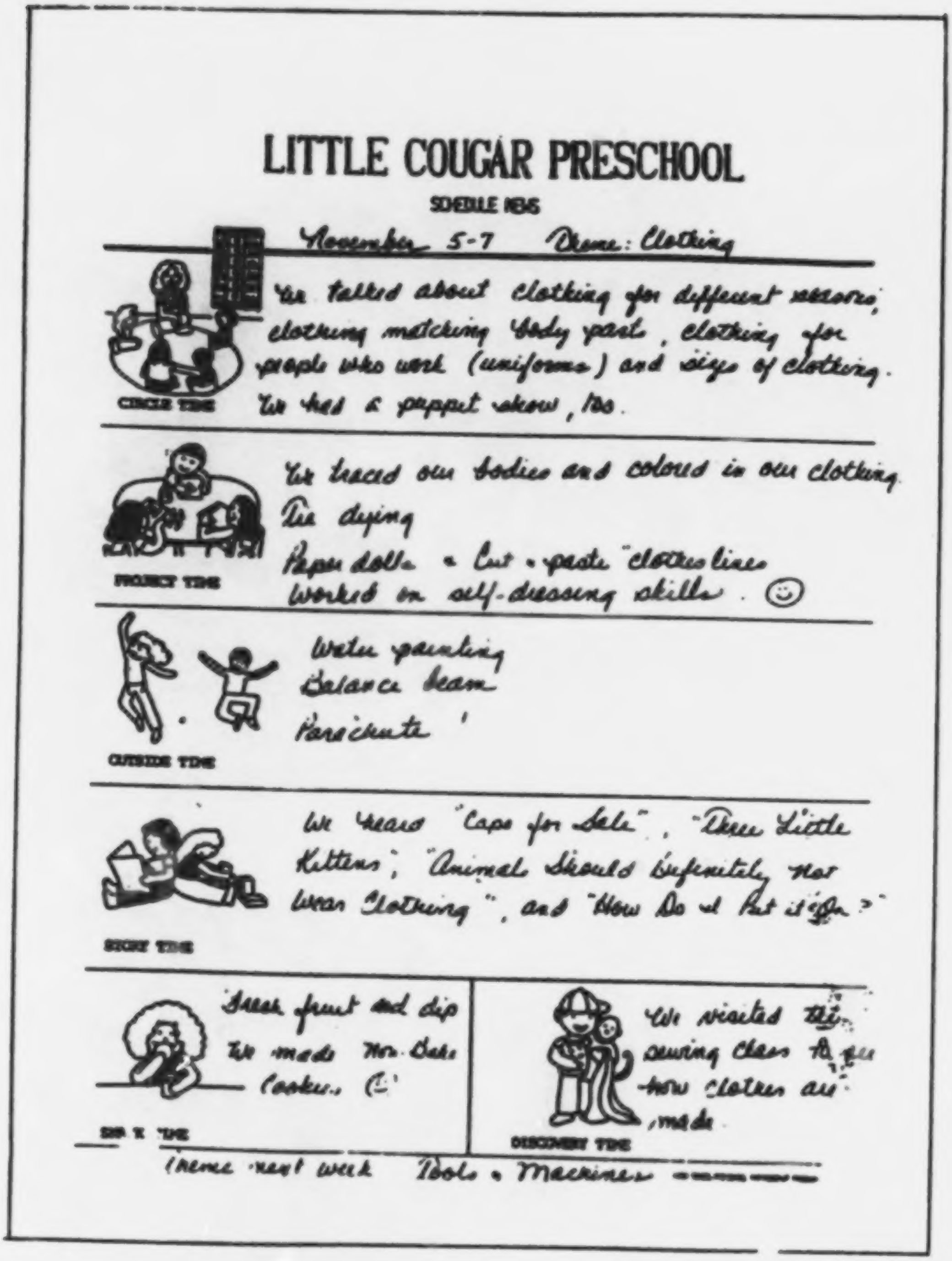
SAMPLE WEEKLY CORRESPONDENCE FROM MAINSTREAMED PRESCHOOL SETTING



LITTLE COUGAR PRESCHOOL

SCHEDULE NEWS

November 5-7 Theme: Clothing

CIRCLE TIME

We talked about clothing for different seasons; clothing matching body part, clothing for people who work (uniforms) and sizes of clothing. We had a puppet show, too.

PROJECT TIME

We traced our bodies and colored in our clothing.
Tie dying
Paper dolls & Cut & paste "clothes line
Worked on self-dressing skills. ☺

OUTSIDE TIME

Water painting
Balance beam
Parachute

STORY TIME

We heard "Caps for Sale", "Three Little Kittens", "Animals Should Definitely Not Wear Clothing", and "How Do I Put it On?"

SNACK TIME

Fresh fruit and dip
We made Mrs. Bake Cookies. ☺

DISCOVERY TIME

We visited the sewing class to see how clothes are made

Theme next week Tools & Machines

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INSTRUCTIONAL MATERIALS

This section is designed to provide the high school home economics teacher with prepared lessons regarding handicapping conditions and the needs of preschool children with various handicaps. The lessons were designed to be utilized by someone with little familiarity with special education and rely on films, filmstrips and guest speakers for the initial presentation of new information. Handouts, activities and review sheets have been included. In addition, evaluation materials and resources for the teacher, the high school students and the preschoolers are included.

Student handouts for reproduction are located in the Appendices. All handouts and materials in Appendices F, G, and H may be duplicated with permission from the High School/Preschool Partnership Program, or by the original authors.

PREPARING TO TEACH

In preparing to teach the course, take the following steps before the semester begins, if possible:

1. Read the Curriculum Guide.
2. Contact and schedule your guest speakers.
3. Order your films and filmstrips.
4. Prepare your handouts. Color coding student materials (lessons, worksheets, handouts), planning documents, parent notes and reports, and evaluation materials has been effectively used by the pilot project.

INSTRUCTIONAL SEGMENTS

A. Lesson Format
B. Child Care I
C. Child Care II
D. Evaluation

LESSON FORMAT

Each Lesson is designed for use during two consecutive periods. Each lesson has a variety of activities and is designed to build upon what the students have already learned about normal human growth and development patterns and preschool programming.

The lessons that cover specific handicapping conditions all follow the same format.

OBJECTIVES

The objectives for each lesson specify the information the high school student should remember or have on file at the end of the lesson.

PERIOD 1

INTRODUCTORY ACTIVITY

Each lesson begins with an introductory activity which is an awareness activity designed to introduce the students to the handicap, to identify some of the problems involved with the condition, and to help reduce any tension and anxiety the students may have.

PRESENTATION

Media - The presentation begins with the viewing of a film, filmstrip, slides or a guest speaker. This will give the students the knowledge base that they need regarding the handicap. This allows the teacher to use the expertise of others. A complete bibiolography of media materials appears in Part IV B of this Guide.

Handouts - These address definitions, common problems and characteristics of children with handicaps. They discuss the goals of the preschool relevant to the child with the handicap, give general suggestions for the mainstreamed classroom, and provide sample activities that help the handicapped child to learn and help other children to accept the handicapping condition. The handouts are written at a lower reading level but on a high school interest level.

Going over the entire handout in class has not proven to be effective. It is time-consuming and boring for the students. We recommend giving out the papers, going over their format and emphasizing a few important points. Students are then expected to read the handouts on their own.

POINTS TO EMPHASIZE

These are the essential points we believe the students should remember. They are initially made in the handouts and A-V materials, or should be made by the guest speaker.

PERIOD 2:

ACTIVITY

The activity or activities presented during this period are designed to give the high school students hands-on experience related to the specific handicapping condition. Usually this entails the making of some material to use with children when a child with the specific handicap is present. (Often the activities are items that are good experiences to present to all children.) Additional activity handouts which may be reproduced also accompany these activities.

FOLLOW-UP

These handouts may be given as homework or on another day. One is in the format of a crossword puzzle, word search, etc. and reinforces the material presented in the first handout. The other presents questions the students may expect on examinations. The most successful use of the follow-up handouts is as reinforcers. Distributing the follow-up handouts several weeks after the initial presentation encourages the students to go back and review what they have learned.

RESOURCES

This presents a list of individuals, audio-visual and print media that the teacher may wish to use for the lesson.

The handouts needed are also listed. Samples of the handouts are in the lessons themselves.

Copies of handouts for reproduction are in the APPENDICES.

CHILD CARE I

The lessons included in this section are:

1) Introduction to Children with Special Needs
2) Emotional Handicaps
3) Speech and Language Impairments
4) Learning Handicaps*
5) Physical and Health Handicaps
6) Visual Handicaps
7) Hearing Impairments
8) Screening and Observations
9) Review Lesson

*The Learning Handicaps lesson covers both Mental Retardation and Learning Disabilities. This has been done because they are two programs with which the high school students are very likely to have had contact. By putting them in the same lesson, the differences in individuals who have these handicapping conditions can be more easily understood.

INTRODUCTION
CHILDREN WITH SPECIAL NEEDS

OBJECTIVES:

Students will. . .

1. be aware of the history of special needs people.
2. be aware of the importance of early intervention.
3. recognize the relationship of special education to
    - --Maria Montessori
    - --Head Start
    - --Child Care
    - --Home Economics
4. be aware of the special needs of the handicapped children with whom they will be working.

PERIOD 1:

INTRODUCTORY ACTIVITY

1. Put the terms listed in #3 above, and the term "Special Education" on the blackboard.
   Ask:
   "What do each of these items mean to you? How are they related?"
   Let students discuss for several minutes and make notes on the board.

2. Give students Handout #1 to read at this time.

PRESENTATION (By Child Care Teacher)

History of Handicapped People
(Information for teacher attached)

Film -
The Fortunate Few

Handout -
Article: "Meeting the Needs of Families with Handicapped Children"
Effectiveness of Early Special Education for Handicapped Children
ERIC: "The Argument for Early Intervention"

Discussion -
Relate to Introduction, lecture, film and handouts

POINTS TO EMPHASIZE

1. Early intervention helps the child and the family.
2. Home Economics has long been involved with promoting the growth and development of children both in the family and when care is needed outside the family. The expansion into traditional special education areas is very logical. A handicapped child has impact on all aspects of family life. Some of the areas where there is greater impact than a normal child are:
   - --marital relationship,
   - --sibling rivalry/jealousy/guilt, and
   - --economic aspects.
3. Families need assistance and good child care for handicapped children.

PERIOD 2:

Guest: Preschool Special Education Teacher

Using pictures or video tapes of the handicapped children in the class - and, avoiding labels if possible , briefly discuss each child emphasizing the child's:
needs,
strengths, and
personality characteristics.

In this way the child care students will have the opportunity to indirectly "meet" the special needs children as individuals and not as representatives of a handicap.

RESOURCES

Handouts (attached)

#1 Meeting the Needs of Families with Handicapped Children
#2 Effectiveness of Early Special Education for Handicapped Children
#3 ERIC: The Argument for Early Intervention

Media

The Fortunate Few (filmstrip)
Craighead Films
P.O. Box 3900
Shawnee, KS 66203

Print

A Brief History of the Treatment of Handicapped People (attached)

A BRIEF HISTORY OF THE TREATMENT OF HANDICAPPED PEOPLE

Ancient Times	Frequently they were persecuted, mistreated and neglected. Sparta, Greece - left outside the city to die. Other areas - occasionally revered as "children of the gods".
Early Christianity	Ideas appeared which were sometimes contradictory. --individuals were "possessed by the devil" --handicapped because of parents' sins --need to provide care for these unfortunate souls. (These ideas still persist today)
Middle Ages	The deformed individual and the retarded often served as court jesters and pets of royalty they were well taken care of. Others - especially those living among serfs - were killed or left to die because they were a drain on limited resources and time did not allow for their care except by clergy and the rich who had servants.
1600's	Institutions were started for housing and care but little was done for education.
1799	"Wild Boy of Aveyron". A 12 year old boy was found living as a wild animal in the woods around Aveyron, France. A physician, Dr. Itard, took him in and tried to "civilize" him with limited success. First well-documented case of trying to educate an individual with limited skill intelligence.
1817	Tomas Gallaudet established the first American residential school for the deaf.

Mid-1800's	Establishment of Perkins School for the Blind (in Massachusetts). First educational programs for the mentally retarded developed in the United States and Europe.
Late 1800's - early 1900's	Dr. Maria Montessori worked with young children in Rome. First she worked with disadvantaged and retarded, later she applied her methods to normal pre-schoolers.
1961	President John Kennedy provided support for Special Educational nationally. (He had a moderately to severely retarded sister.)
1965	Project Head Start began.
1968	Federal legislation for First Chance Network (Handicapped Children's Early Childhood Programs - for developing model programs).
1972	Head Start altered to require 10% of enrollment be available to handicapped children.
1975	P.L. 94-142 Public Law (federal) establishing right of all handicapped children 6-21 a free, appropriate public education and permitting programs for 3-5 year olds.

Additional background information for the Child Care teacher is in the "Preface for the Teacher."

#1 Handout Light, H.K. "Meeting the Needs of Families with Handicapped Children." Journal of Home Economics. Fall, 1979. 26-30.

Meeting the Needs of Families with Handicapped Children

By Harriett K. Light

Dr. Light is associate professor of child development and family relations and director of the Support and Education Program for Parents of Handicapped Children, College of Home Economics, North Dakota State University, Fargo.

A booklet written especially for parents of children with handicaps and covering basic information about various handicapping conditions, some problems faced by families, suggestions for growth and family development, and community referral agencies is available from the author at North Dakota State University, Fargo 58102.

The scientific contributions to handicapped children's welfare and the range of services available to help them develop their potential exist in greater measure today than ever before (1). Historically, at least two trends can be identified as having contributed to the increased contributions and services: (1) a trend away from institutionalizing and segregating handicapped children; and (2) a view of education as a *right* of all children, including the handicapped. P.L. 94-142 is a critical legislative landmark concerning the issue of free and appropriate public education for every child, regardless of handicapping conditions (2).

Inherent in these trends and legislation is the mandatory involvement of parents in the decisions made about the care, treatment, and education of their handicapped child. This involvement, while laudable, has placed a great responsibility on families (3) that many are ill-prepared to meet. And unfortunately, services to assist families have not kept pace with the number of services offered directly to the handicapped child (4).

The lack of education and support services to families of handicapped children has caused a great deal of unnecessary suffering. These parents are particularly vulnerable to ambivalent feelings of guilt, resentment, self-pity, and confusion that greatly contribute to family stress (2, 5, 6). According to Kessler, it is virtually impossible for parents to accept the diagnosis of their child's handicapping condition without reacting strongly (7). The availability of knowledgeable and caring professionals has been shown, however, to contribute to the family's ability to cope under stress (8).

> *. . . Services to assist families have not kept pace with the number of services offered directly to the handicapped child.*

Both families with nonhandicapped children and families with handicapped children function as a system; its members are interdependent and affected by their interactions with each other. According to Smith and Neisworth (4), the impact of handicapped children on the lives of their siblings is considerable, especially if the siblings are frequently expected to take care of their handicapped brother or sister on an immediate short-term basis. If provision of long-term care is expected of them, the siblings may find their life cycles affected and respond with anger. Moreover, the relationship between the handicapped and nonhandicapped siblings frequently are fraught with jealousy and guilt if the handicapped child receives from the parents more than the ordinary care and attention (9).

The marital relationship is also often under a severe strain as the parents of a handicapped child seek ways to cope with (1) their child's immediate physical needs; (2) the financial responsibilities that come with caring for a handicapped child; (3) long-range planning for the child's future; and (4) an explanation for the handicap's cause. A major parental concern centers on the care of the child when the parents are no longer able to provide care because of their own aging or death. If the exact cause of their child's handicapping condition is not known, parents may also experience a lot of anxiety as they examine their own pasts for clues. Blame and guilt often result from this random searching for a causal explanation (10).

Family Life Cycle

The family life cycle has been used extensively as a means to analyze change experienced by families over time. In this framework, parents are expected to progress through stages as they bear and rear children. During the initial stages of childrearing, parents experience extensive demands on their resources (time, energy, money, goods, and services). Later, during the launching stage when the children are achieving independence and leaving home, the demands are lessened considerably.

According to Aldous, the concept of stages in the family life cycle enables the family practitioner to predict cer-

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tain family behaviors (11). For instance, the degree of parent-child conflict, relative income level, resource expenditures, and the amount of marital satisfaction have been shown to vary according to a family's stage in the life cycle. This knowledge provides critical insight for understanding the dynamics of families with handicapped children.

However, in such families there are major differences. Depending on the severity of the child's handicap, such a family may not progress through the launching stage. Also, behaviors characteristic of most families' earlier stages and continued demands on the parents' resources may continue for extended periods.

In families with a handicapped child, the rate of progress through life cycle stages is relatively slow, with some degree of child dependency existing into the parents' middle-age and older years. Consequently, many parents of handicapped children are not able to look forward to the freedom from responsibilities of childrearing that usually results from children growing older (10, 12). Efficient management and use of family resources becomes a critical issue in assuring the growth and development of all family members.

Contribution of Home Economics

There are many potential problems that confront families with a handicapped child. These problems are frequently the result of complex interactions, often obscured by each other. Therefore, fragmented attempts to provide support or intervention in only one problem area will seldom be as effective as a holistic approach that recognizes and responds to the family as a system.

Therein lies the potential for home economics' contributions: the profession's focus on the whole family and the interrelationship of economic, social, cultural, and psychological forces that affect it. Of particular significance to families with handicapped children is home economics' synthesis and application of knowledge from the physical, biological, and social sciences to how families function (13). If a home economist does have this basic understanding, he or she has an excellent foundation on which to build a support system for families with special needs.

It is necessary, however, for the home economist to learn about the "special needs" area, such as causes, characteristics, and treatment of various handicapping conditions as well as the services available to the handicapped child and the community agencies that offer them.

Home economists can gain this knowledge through in-service training, regular university courses dealing with the handicapped, seminars, and independent study. Even home economists specializing in one subject-matter area should not feel unqualified to help the family with a handicapped child. Rather, it is possible to draw on the collegial support and expertise of other subject-matter specialists, thus combining knowledge into a coordinated body that will serve the needs of the entire family.

Some families with a handicapped child cope successfully with the fear and anxiety discussed in this article. These well-adjusted families can serve an important supportive role to other families and should not be overlooked as a valuable resource.

Building a Program

In 1976 North Dakota State University's Department of Child Development-Family Relations began a Support and Education Program for Parents of Handicapped Children. Currently the staff consists of a home economist, a community resident who is handicapped, a graduate assistant,

and an occupational therapist.

The program is funded by a private foundation and several community civic organizations. Laying the groundwork for the program involved contacting the agencies and organizations within the community that offered direct services to handicapped children. We also contacted hospital and clinic pediatric departments and pediatricians in private practice because they frequently have the initial contact with parents of handicapped children.

We explained the program to them, emphasizing that the main focus was meeting the needs of the handicapped child's family. We could not get names of parents from these sources because of the principle of confidentiality but we were able to disseminate material about the program through these groups and doctors. We also used the news media to announce the introductory meetings to which all parents of handicapped children in the community were invited. We wanted these parents to help plan the year's program and express their needs and concerns.

Eventually we formed an advisory board consisting of parents, handicapped adults, representatives from the agencies serving handicapped children, doctors, a physical therapist, an occupational therapist, and a social worker.

Based on the parents' input, recommendations of the advisory board, and the research literature, we identified five program goals. We wanted the program to:

- Provide information about physical and psychological aspects of specific handicapping conditions;
- Provide opportunities for parents of handicapped children to interact with each other and form friendships;
- Create awareness among parents of various support services that can help them help their child achieve his or her potential;
- Provide psychological support to families and parents;
- Train home economics students in caring for handicapped children to provide relief for parents.

Information

According to Blodgett, one of the first and most important problems faced by parents of handicapped children is lack of information about their child's condition, the cause of the problems, daily care, and implications for the family's future (10). These problems were evident when parents were surveyed at the initial meeting of the support program. Parents indicated a need for information in the following areas: (1) understanding the technical terms medical personnel use to explain their child's condition; (2) ways to improve sibling relationships; (3) the effects of diet on hyperactivity and nutrition in general for the handicapped child; (4) causal explanations of their child's condition; and (5) information about clothing for the handicapped.

There are few . . . books that tell parents when a severely retarded child might speak his or her first word.

Hewett offers insight into parents' need for causal explanations: "The search for a plausible explanation is often greatly complicated because actual causes for a number of handicapping conditions are unknown or still being debated. Without a clear-cut medical explanation for the child's problem, the parents may come to imagine all sorts of reasons why they had a defective child" (12). The result of such fantasies is often guilt and anxiety, powerfully aversive states that almost always lead to defensive behavior.

The first program goal—to provide information—is met through monthly group meetings for parents at which experts and consultants provide information about a specific topic; weekly mothers' club meetings; a monthly newsletter; and a traveling library of selected materials for parents. The telephone number of a consultant—a handicapped mother with a master's degree in special education—is also available to parents who feel the need for immediate information as problems or questions arise.

Parents as Support Systems

Providing opportunities for parents of handicapped children to interact and form friendships is a program goal because the parents we initially surveyed expressed feelings of isolation. These feelings grew out of a lack of commonly shared childrearing experiences with parents of nonhandicapped children. We also found support for this goal in the literature.

Smith and Neisworth discuss the uncertainty facing parents of handicapped children (4). For these children developmental milestones are not charted clearly. There are few, if any, books that tell parents when a severely retarded child might speak his or her first word, for example. There are usually no neighbors—parents of an older handicapped child—to pass on information about schools, services, and problem areas. Television serials about young families are often irrelevant and perhaps distressing to parents with handicapped children. In addition, one's own memories are seldom a guide when one's child is handicapped. As a result, isolation and loneliness are frequent, especially for young parents of handicapped children.

Parents in the program socialize with each other before and after the topic presentation at each monthly meeting. We circulate parents' names and phone numbers with their permission. An interesting outgrowth of these monthly meetings, when the program first started, was the mothers' request to form a mothers' club to allow for time when only mothers of handicapped children would meet. Mothers now meet weekly in each others' homes. Consultants are sometimes invited to discuss a topic of the mothers' choice. Usually, however, discussion centers on managing the everyday affairs of the family.

Community Services

Parents typically lack information about community facilities (10). This may be because needs for special services vary with the age of the child, the amount of stress the family experiences, and other factors peculiar to each situation. Thus parents may wait until the need arises before finding out about community services, thereby creating a sense of urgency that might

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child can be suggested. These activities, designed to facilitate the child's development of physical or verbal skills, can be performed in the home and allow parents to play an active role in the direct service provided to their child. In addition, the consultation time with a professional can provide crucial support and encouragement to parents.

The second crisis period carries with it the same adjustments any parents face when their child enters school. But at this time parents of a handicapped child are particularly concerned about the child's capabilities and future.

A third crisis period is evident when the handicapped child enters adolescence. Initially, parents in the Support and Education Program reported great concern about their handicapped child's sexuality and the need for vocational preparation appropriate to their child's physical and mental abilities. Indeed, the parents' quest for a life as near as possible to that of a nonhandicapped person for their child becomes increasingly stronger as the child enters adolescence.

The importance of parental attitudes to any child's growth and development is well known. However, parents of a handicapped child frequently have attitudes determined by a complex interplay of several factors, including their present stage of parental reactions. Admittedly, parents' reactions to bearing and rearing a handicapped child will vary according to their personalities, but it is unrealistic to expect passive acceptance of the situation. Thus, the first stage of parental reaction—acute initial reactions—may include anger, blame, bitterness, and shame. Chronic adaptive reactions—the second stage—may exist for years or even a lifetime. Included in this stage are withdrawal, overprotection, compensation, and even masochistic reactions. The third stage—mature adaptations—are those actions that enable the parents to direct their efforts toward developing all family members' potential, helping other families with handicapped children, and generally reaching out instead of dwelling on self-directed problems (2).

The crisis periods and stages of parental reaction are readily evident in the parents who take part in the Support and Education Program. We direct program efforts in three areas: (1) providing emotional support through friendship and knowledge of "a place

. . . The need for respite care . . . in the home is great and the resources few.

to turn to" when help is needed; (2) providing factual information to erase fears whenever possible; and (3) building parents' self-concept through suggestions about their role and rights in dealing with their child's education. We find that parents who have already faced a crisis period or who have progressed through a reaction stage are effective support agents for other parents.

We also bring to parents' attention problems that seem to be peculiar to siblings of handicapped children. These problems include: (1) awareness, without understanding, of parental distress and preoccupation with the handicapped child; (2) lack of emotional support from the parents; (3) feelings of neglect and, at times, guilt fed by negative feelings toward the handicapped sibling; (4) embarrassment resulting from perceived negative attitudes toward handicapped children similar to their sibling; (5) concern among older siblings about their vulnerability to bearing a handicapped child; and (6) parents' reluctance or inability to answer questions about the handicapped child's condition (14).

Wolfensberger believes that the adjustment of siblings mirrors the adjustment of their parents. Therefore, efforts to support the parents, if successful, will also benefit the siblings (15).

Respite Care

Relief for parents from the stress and responsibilities involved in caring for their handicapped child is important in achieving healthy family relationships. Fallen believes that the need for respite care in the form of nursing help, child care, or homemaker services in the home is great and the resources few (2). The first group of parents in the Support and Education Program verified these findings; they reported great difficulty in finding child care help, explaining that they felt it was necessary to employ a person who had at least a minimal amount of training in the care of handicapped children.

To meet this need, we instituted a training program for home economics college students. Response to this program has been overwhelming, with a greater number of students requesting training than can be accommodated. Curriculum topics cover special needs of the handicapped child's family; positioning, toileting, and feeding of the handicapped child; and time management within the family. Home economists and occupational therapists conduct the training. Parents are invited to the sessions and provide valuable insights.

Upon completion of the training program, parents and students attend a "graduation" party to help them become acquainted. Parents generally employ students as child care workers or to provide homemaker services.

Summary

A family with a handicapped child must be viewed first as a family system with the same functions and characteristics as families with nonhandicapped children and second, as a family with special needs. Many of these special needs emerge from parental reactions to the handicapped child of guilt, blame, hostility, and rejection. These feelings first must be acknowledged and then dispelled so that parents can take positive action by planning for their child's and their own future. Other special needs include ways to cope with the additional physical and financial responsibilities that usually accompany caring for people with handicapping conditions.

Because these needs are frequently interwoven, family support programs will be most effective when using a holistic approach with a team effort as opposed to intervention techniques aimed at only one particular need or problem.

Home economists, with their basic understanding of the family as a system and their concern for the welfa[illegible] of all family members, have an ideal foundation upon which to build support programs for parents with handicapped children. Drawing from home economics subject-matter areas such as child development and family relations, food and nutrition, home management and family economics, textiles and clothing, and design, home economists using a team approach can provide a unique, comprehensive support program for families with a handicapped child. Specialized training can be received through workshops, seminars, and a wealth of literature. Not to be overlooked is the excellent educational information available from national organizations, such as the March of Dimes.

Finally, home economists can serve as catalysts for community services and organizations by learning about the services each offers and disseminating that information to parents who need it.

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#2 Handout

EFFECTIVENESS OF EARLY SPECIAL EDUCATION FOR HANDICAPPED CHILDREN

A Summary of a Report by the Colorado Department of Education

Research done in the area of special education for preschool handicapped children shows that these programs are effective and can provide long-term human and economic benefits.

Conclusion of the research:

1. If some handicapped children are not helped at an early age, their handicaps may become compounded and produce the need for more intensive services.

2. Early childhood programs have a positive influence on development and its effects on later development and performance.

3. Early intervention can reduce the effects of a handicapping condition.

4. Early programs can reduce the need for lengthy and costly programs later.

5. Early education helps all levels of handicaps: mild, moderate and severe.

6. Even though special education is costly, the long-term payoff must be considered. Early intervention has been shown to be cost effective. *

7. Presently 23 states have mandated special services to children under five.

8. Early programs have resulted in a large percentage of children being able to begin public education in regular classroom and/or requiring fewer special services.

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* On HCEEP projects the U.S. Government estimates a return of $17 for every $1 spent. - Joan Danaher, TADS

ERIC
Clearinghouse on Handicapped
and Gifted Children
1920 Association Drive,
Reston, Virginia 22091

1984
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THE ARGUMENT FOR EARLY INTERVENTION

What is Early Intervention?

Early intervention means discovering that a child between birth and school age has or is at risk of having a handicapping condition or other special need that may affect his or her development and then providing services to lessen the effects of the condition. Early intervention can be remedial or preventive in nature—remediating existing developmental problems or preventing their occurrence. Early intervention may begin at any time between birth and school age; however, there are many reasons to begin as early as possible.

Why Intervene Early?

There are three primary reasons for intervening early with an exceptional child—to enhance the child's development, to provide support and assistance to the family, and to maximize the child's and family's benefit to society.

Child development research has established that the rate of human learning and development is most rapid in the preschool years. Timing of intervention becomes particularly important when a child runs the risk of missing an opportunity to learn during a state of maximum readiness. If the most "teachable moments" or readiness stages are not taken advantage of, a child may have difficulty learning a particular skill at a later time.

Early intervention services have a significant impact as well for the parents and siblings of an exceptional infant or young child. The family of a young exceptional child often feels disappointment, social isolation, added economic stress, frustration, and helplessness. The compounded stress of the presence of an exceptional child may affect the families' well-being and interfere with the child's development. Families of handicapped children are found to experience increased instances of divorce and suicide, and a handicapped child is more likely to be abused than is a nonhandicapped child. Early intervention for parents results in improved attitudes about themselves and their child, improved information and skills for teaching their child, and more time for both work and leisure. Parents of gifted preschoolers also need early services so that they may better provide the supportive and nourishing environment needed by the child.

A third reason for intervening early is that society will reap maximum benefits. The child's increased developmental and educational gains and decreased dependence upon social institutions, as well as the family's increased ability to cope with the presence of an exceptional child and, perhaps increased ability for employment, provide economic as well as social benefits.

Is Early Intervention Really Effective?

After nearly 50 years of research there is still a great deal to learn. Efforts to document effectiveness have been hindered by experimental design problems associated with: low-incidence handicapping conditions, the diversity of children's problems and the limited scope of available assessment instruments. However, even with these problems, there is evidence—both quantitative (data-based) and qualitative (reports of parents, teachers)—that early intervention increases the developmental/educational gains for the child, improves the functioning of the family, and reaps long term benefits to society. Early intervention for handicapped or disadvantaged children has been shown to result in the child's needing fewer special education and other habilitative services later in life, being retained in grade less often, and in some cases, actually being indistinguishable from nonhandicapped classmates years after intervention.

Disadvantaged and gifted preschool-aged children benefit from early intervention as well. Longitudinal data on disadvantaged children who had participated in the Ypsilanti Perry Preschool Project showed that they had made significant gains by age 15 (Schweinhart & Weikart, 1980). These children were more committed to schooling and were doing better in school than children who did not attend preschool. They scored higher on reading, arithmetic, and language achievement tests at all grade levels; showed a 50% reduction in the need for special education services through the end of high school; and showed less anti-social or delinquent behavior outside of school. Karnes (1983) asserts that underachievement in the gifted child may be prevented by early identification and appropriate programming.

Is Early Intervention Cost Effective?

The available data emphasize the *long term* cost effectiveness of early intervention. The highly specialized, comprehensive services necessary to produce the desired developmental gains are often, on a *short term* basis, more costly than traditional school-aged service delivery models. However, there are significant examples of long-term cost savings that result from such early intervention programs.

- A longitudinal study of children who had participated in the Perry Preschool Project (Schweinhart & Weikart, 1980) found that when schools invest about $3,000 for one year of preschool education for a child, they immediately begin to recover their investment through savings in special education services. Benefits included $668 from the mother's released time while the child attended preschool; $3,353 saved by the public schools because children with preschool education had fewer years in special education and were retained for fewer years in grades; and $10,798 in projected life-time earnings for the child.
- Wood (1981) calculated the total cumulative costs to age 18 of special education services to a child beginning intervention at: (a) birth, (b) age two, (c) age 6, and (d) at age 6 with no eventual movement to regular education. She found that the total costs were actually less if begun at birth! Total cost of special services begun at birth was $37,273 and total cost if begun at age 6 was between $46,816 and $53,340. The cost is less the earlier the intervention because of the remediation and prevention of developmental problems which would have required special services later in life.
- A three year follow-up in Tennessee showed that for every dollar spent on early treatment, $7.00 in savings were realized within 36 months. This savings resulted from deferral of special class placement and institutionalization for

severe behavior disordered children (Snider, Sullivan, & Manning, 1974).

- A recent evaluation of Colorado's statewide early intervention services reports a cost savings of $4.00 for every $1.00 spent within a three-year period (McNulty, Smith, & Soper, 1983).

Are There Critical Factors That Affect the Success of Early Intervention Programs?

While there have been too few attempts to determine critical features of early intervention programs, there are three recurrent factors present in most effective programs. These include the age of the child at the time of intervention, parent involvement, and the intensity and/or the amount of structure of the program model.

1. Many studies report that the earlier the intervention the more effective. With intervention at birth, or as soon after the diagnosis of a disability as possible, the developmental gains are greatest and the likelihood of developing problems later is reduced. (Garland et al., 1981)
2. The involvement of parents in their child's treatment is also important. The data show that parents of both handicapped and gifted preschool children need the support and skills necessary to cope with their child's special needs. (Beckman-Bell, 1981)
3. Highly structured programs appear to be the most successful (White, 1984). That is, maximum benefits are reported in programs that clearly specify and frequently monitor the child's and family's behavioral objectives, precisely identify teacher behaviors and activities that are to be used in each lesson, utilize task analysis procedures, and regularly use child assessment and progress data to modify instruction. In addition to structure, the intensity of the services, particularly for severely disordered children, can significantly affect outcomes (Lovaas, 1982). Finally, individualizing instruction and services to specifically meet the childs' needs also increases a program's effectiveness.

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Available from The Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091-1589 (703/620-3660).

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BEST COPY AVAILABLE

EMOTIONAL HANDICAPS

OBJECTIVES:

The student will. . .

1. be able to identify 2 common problems of children with emotional problems
2. be able to describe 3 behaviors which may indicate emotional problems
3. be able to list 2 goals of the preschool in terms of emotional development
4. be able to list 3 suggestions for teachers which will assist them in helping children with emotional problems
5. be able to list 2 activities that can be done in the preschool to help children learn to cope with their emotions.

PERIOD 1:

INTRODUCTORY ACTIVITY

1. Actions-Feeling-Reactions paper (#5). Fill out (copy attached). Discuss responses. Are these normal reactions?
2. Discuss why we act certain ways when angry, sad.
3. What is "in-control"/"out-of-control"?

PRESENTATION

Film -

The Cipher in the Snow
Brigham Young University

or

Filmstrip/Tape -

Early Childhood Mainstreaming Series:
"Emotional Impairments"

Handout - Actions/Feelings/Reactions

POINTS TO EMPHASIZE:

1. All children at some time have emotional/social problems, problems at home, behavior Rroblems.
2. Need to work with families.
3. Children who have emotional problems usually exhibit "too little or too much" of a particular behavior.
4. Situations need to be arranged to provide success; build self-concept.
5. Positive ways of changing behavior while more difficult to do are more successful than punishment.
6. Need to help child respond appropriately to adults, children.

PERIOD 2:

ACTIVITIES

1. Make a happy/sad stick puppet or mask. Talk about how to use it.
2. Role playing - do Problem/Solution activities. Two situations are attached (Handout #6). Others can be found in LAP, New Friends of ERIN.
3. Make a collage of emotions.

FOLLOW UP

EH Word Search
EH Review Sheet

RESOURCES

Handouts (attached)
#4 Emotionally Handicapped

Activities
#5 Action-Feelings Reaction
#6 Situations
#7 Helping Children Develop a Positive Self-Concept

Follow-ups
#8 EH Word Search
#9 EH Review

Media
Cipher in the Snow
Educational Media Services
Brigham Young University
Educational Media Services
290 HRCB
Provo, UT 84602

Early Childhood Mainstreaming Series (filmstrips)
Campus Film Distributor Corp.
14 Madison Avenue, P. O. Box 206
Valhalla, NY 10595

Books
Mainstreaming Preschoolers:
Children with Emotional Disturbance
Project Head Start
Superintendent of Documents

U.S. Government Printing Office
Washington, D.C. 20402
Stock Number 017-092-00033-2
or contact your Outreach Coordinator of
Head Start

New Friends:
Mainstreaming Activities to Help Young Children
Understand and Accept Individual Difference
Chapel Hill Training Outreach Project
Lincoln Center
Merritt Hill Road
Chapel Hill, NC 27514

#4 Handout

EMOTIONALLY HANDICAPPED
(Behavior Disorders)

DEFINITIONS

A. **EMOTIONALLY DISTURBED** - individuals whose emotional/behavioral functioning interferes with their ability to behave in a socially acceptable manner, learn, and/or cope with life situations. Behaviors vary and may include aggression, withdrawal, depression, physical problems, repression, fears, dependence, perfectionism, etc.

In the classroom, children's problems may be considered mild, moderate or severe. The causes may be physiological or psychological (personality factors or environmental factors).

B. TYPES OF EMOTIONAL HANDICAPS

Mild	- a psychological condition characterized by anxiety and/or an inability to cope with internal conflict; it does not seriously interfere with daily functioning, but may affect one's ability to learn and to get along with others.
Moderate	- a mental disorder characterized by seriously disturbed behavior and possible lack of contact with reality.
Severe	- a mental disorder with seriously disturbed behavior, lack of contact with reality, and requiring of extensive support services.
Autism	- generally considered a severe childhood psychosis. The child is usually non-communicative, relates poorly to people, is withdrawn and often has perceptual and intellectual deficits and self-stimulatory behavior. It may or may not be considered an emotional handicap depending on local definitions.

C. MOST COMMON PROBLEMS

1. Poor social skills (difficulty dealing with own or other's feelings and with authority).
2. Inability to follow directions.
3. Poor self-concept
4. Lack of flexibility and skill to handle situations in different/ appropriate ways; uses single method; rigid.

CHARACTERISTICS OF CHILDREN WITH EMOTIONAL NEEDS

A. PHYSICAL PROBLEMS

1. Rashes or other skin problems.
2. Body odor.
3. Thin, emaciated looking; small.
4. Obesity
5. May be "perfectly normal" in appearance.

B. HEALTH INDICATIONS

1. Complains of headaches, stomach aches.
2. Seizures
3. Eating disorders (eats too little or too much).
4. Bowel and/or bladder problems.
5. Marks on the body, hair missing.
6. Circles under the eyes.
7. Frequent allergies and inner ear problems.

C. SPEECH BEHAVIORS

1. Voice is monotone, expressionless, or shows too much excitement.
2. Voice is exceptionally loud or soft.
3. Speech and language disorders.
4. Rapid, excited speech.

D. CLASSROOM BEHAVIORS

1. Hyperactive, difficulty staying on task.
2. Doesn't follow directions, complete work.
3. Engages in self-stimulatory and/or self-abusive behavior.
4. Avoids contact with others.
5. Always sad, fearful.
6. Clings to teacher, whines.
7. Hits other children; verbally aggressive.
8. Immature
9. Doesn't seem to have fun.
10. Anxious about his work; calls himself dumb.
11. Doesn't talk much.
12. May be bright, but doesn't work at appropriate level.
13. Withdrawn
14. Talks constantly.
15. Rigid
16. Handles all situations the same way.

4 Handout (continued)

GOALS OF THE PRESCHOOL

1. To develop a wide variety of acceptable responses.
2. To help the child develop socialization skills - sharing, playing, taking turns.
3. To develop a positive self-image.
4. To develop language skills - give the child words to use to help him say how he feels or to give him ways to respond verbally to different situations.
5. To help the child identify how he feels.
6. To develop the child's attention span.
7. To develop appropriate developmental skills.
8. To develop inner controls, self-discipline, discussion, following directions, etc.)

GENERAL SUGGESTIONS

1. Be consistent and firm with the child.
2. Let the child know what's expected of him.
3. Prepare the child for events before they happen.
4. Have the child look at you before you start speaking.
5. Keep in close contact with the parents.
6. Do not expect immediate success; work for small, consistent gains.
7. Punishment is the least successful way of handling behavior; " Grandma's rule" and removing him from the situation are better.
8. Reinforce or reward for things done right. Be sure the child sees them as rewards (praise, stickers.)
9. Model appropriate behavior for the child at all times.
10. Discuss with the child how he feels at that time; allow him to own his feelings.
11. Give the child activities to help develop his self-concept and responsibilities.
12. Give the child the opportunity to express himself.
13. Monitor behaviors and interventions to determine frequency, severity and success.

REMEMBER: A. ALL CHILDREN HAVE EMOTIONAL PROBLEMS AT SOME TIME: THAT DOESN'T MEAN THEY'RE EH.
B. BEFORE BEHAVIOR GETS BETTER, IT OFTEN GETS WORSE.

4 Handout (continued)

ACTIVITIES

1. Read stories or do puppet plays about feelings or emotions. Have the children talk about how they felt at different parts of the stories.
2. Make puppets or drawings showing different feelings.
3. Set up situations using puppets or teachers (e.g., arguing over a toy), then ask the children to find solutions. Be sure to emphasize a variety of ways of handling a situation with an adult and with peers.
4. Use magazine pictures. Have the children say how the person in the picture feels, why does he feel that way, etc.
5. Use music to discuss feelings, moods.
6. Throughout the day identify and discuss how different people are feeling, why and what can be done.
7. Use snack and group times to develop social awarenss and language skills.
8. Help others understand. Using either a real situation or one in a story, talk about how the story child feels. Have the children all relate to the feelings. Ask if they'd like to feel that way all the time, and then ask them for ways they think they can help the other children.

#5 Handout

ACTIONS/FEELINGS/REACTIONS

ACTIONS	FEELINGS	REACTIONS
When someone does this:	How do you feel?	What do you do?
1. Your mother says "Why aren't you more like your sister?"		
2. Your teacher pats you on the back.		
3. Your brother hits you.		
4. Your boyfriend/ girlfriend yells at you.		
5. A salesperson says "Why can't you make up your mind?"		
6. Your mom buys something new for you and not your sister.		
7. Your friends say "You're terrific.		
8. Your parents go to California without you.		
9. Someone calls you "dummy."		
10. You're complimented on a new shirt.		

HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM 8/85

#6 Handout

PROBLEM/SOLUTION ROLE PLAYING

Directions: Students divide into pairs.
Pair IA does situation I with solution A.
Pair IB does situation I with solution B.
Students are to continue beyond written situation.
After Solution A and B have been played out group discusses how "Child A" and "Child B" felt.
Then continue with Situation II.

Situation I

#1: That thunder is so loud and scarey.
#2: Oh, it's just a rain storm.
#1: I know. But what if the lights go out or the lightening starts the house on fire or . . .

Solution A

#2: Don't be a baby! You're just acting dumb!

Solution B

#2. I don't think that will happy. But I get scared with thunderstorms, too, sometimes. I know a story about what causes all that noise, do you want to hear it?

Situation II

#1: That Billy! I'm so mad at him. He just grabbed my paper and tore it up.

#2: What are you going to do about it?

Solution A

#1: I guess I'll redo my paper.

Solution B

#1: I'm going to tell the teacher.

[illegible]

ut

HELPING CHILDREN DEVELOP A POSITIVE SELF-IMAGE

hat is self-concept or self-image?
hat a person believes about himself.
It is very important that what a child thinks of himself
s positive)

ow is self-concept developed?
hrough child's relationships with people and his total
nvironment.

- parents, siblings, relatives, teachers, friends
- all experiences
- personal traits

hy is positive self-concept important?

- needed to be successful in all areas
- success breeds good self-concept
- negative feelings cause child to give up and/or act undesirably

ow do activities that develop the child's body awareness help
o develop good self concept?

- learns about himself in relation to people around him
- helps in developing positive feeling toward others
- teaches child he is separate and distinct from others

hat can be done with children to develop self-concept?
. Allow child to dress in front of a full-length mirror
. Talk about parts of the body for body awareness
. Have child lie down on a large sheet soft paper and draw around his entire body (color in clothes)
. Draw around child's hands, feet or shoes
. Make prints of hands in paint or plaster of paris
. Use the child's name in many places so he will recognize his name
. Sing songs where each child is made to feel important - names are called
. Help child to make a scrapbook of himself - A "ME" book
. Read stories and books that make a child aware of his body and himself
. Make a photo album of all the children. Each child on a page with his or her name under his picture

My name is (Mary, Mary...)
My name is (Mary) ---→NAME GAMES
Who are you?

#7 Handout (continued)

Self Concept (Tune: Are you Sleeping?)

There's Ted's picture
Up on the wall.
Look how tall,
He's not small.
He has a head and shoulders
  hands and body, legs and feet.
His name is Ted.
His name is Ted.

Me, Myself and I

Me, myself and I,
We're all the same!
But we really like it better
When you call us by our name.
It's (everyone shouts his name).

Feelings

On the outside is a wrapper
That people call my skin.
Inside it are my feelings.
That's where the fun begins

I can feel a tickle
And I laugh when it comes near.
But it's different when I stub my toe,
That feeling brings a tear.

There are other kinds of feelings
That are not such fun for me.
There's afraid and sad and all alone .
If you try them, you will see.

But the best ones are those feelings
I get when friends I see.
It's people who are special,
Those I love and who love me.

#8 Handout

EMOTIONALLY HANDICAPPED WORDSEARCH

H	K	H	H	W	S	A	D	C	T	X	A	G	G	R	E	S	S	I	V	E	V	K	C	O
E	B	W	L	C	Z	J	I	S	H	O	I	O	R	U	T	B	W	P	M	J	J	F	O	E
Z	I	P	N	M	V	E	E	D	C	I	K	Q	D	F	O	N	L	O	R	C	B	X	J	D
M	Z	Y	Z	M	I	H	U	E	E	E	E	E	I	S	M	Z	E	W	V	J	U	H	B	M
N	T	C	L	P	C	P	Z	E	J	V	S	J	T	H	W	Q	S	D	S	C	F	G	W	Y
S	M	O	D	A	G	R	G	U	I	S	O	J	R	F	V	F	E	W	N	V	M	S	N	W
M	E	F	D	L	X	M	S	T	E	W	P	P	O	K	O	A	I	O	R	E	T	H	K	I
S	P	A	K	B	T	Y	C	R	X	G	P	Z	U	V	T	O	U	T	O	O	P	D	H	T
K	E	O	M	R	A	A	P	R	J	J	K	C	B	L	A	N	N	E	M	N	A	E	F	H
H	O	A	R	U	R	E	H	I	A	Q	L	N	L	W	I	E	F	A	U	J	P	Y	D	D
M	P	J	F	E	D	K	H	N	T	D	O	I	E	M	Y	O	C	N	O	S	N	D	S	R
A	P	E	P	B	R	L	X	W	L	P	Z	O	D	K	R	H	W	Z	E	I	V	B	Y	A
J	I	Y	P	X	U	I	V	Q	A	O	P	G	R	Y	A	L	C	Y	M	G	H	L	W	W
T	H	B	H	F	O	D	K	Z	I	I	N	C	L	C	X	G	J	M	H	Q	G	A	K	N
T	E	V	R	U	O	H	N	U	E	I	T	D	H	Q	V	Q	A	B	K	Y	Y	G	M	V
F	I	A	S	J	L	I	Y	F	Y	W	D	E	X	Z	L	T	M	U	R	T	N	A	T	A
T	E	S	T	G	D	V	V	R	P	S	S	Y	S	T	U	I	N	I	H	T	T	S	N	I
F	E	V	K	L	S	H	C	I	T	Y	W	O	O	R	V	P	R	K	V	L	A	W	Q	J
C	K	B	A	E	W	I	L	O	S	A	D	O	E	C	E	N	O	B	N	X	A	Z	X	J
J	O	J	X	P	H	W	C	S	W	D	J	L	Y	N	D	K	Y	I	J	U	D	Q	Y	P

WORDS

AGGRESSIVE
SAD
DEPENDENT
HYPERACTIVE
HEADACHES
WITHDRAWN
IMMATURE
CRYING
TANTRUM
STOMACHACHES
DEPRESSED
FEARFUL
TROUBLED
ANXIOUS
THIN

[illegible]

#8A Teacher Key

KEY TO EH WORDSEARCH

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. . . . . . . . . . . A G G R E S S I V E . . . .
. . . . . . . . S . . . . . . T . . . . . . . . .
. . . . . . . E . . . . . D . . N . . . . . . . .
. . . . . . H . . . . E E . . . . E . . . . . . .
. . . . . C . . . . V S . T . . . . D . . . . . .
. . . . A . . . . I S . . R . . . . . N . . S . W
. . . D . . . . T E . . . O . . . . . . E T . . I
. . A . . . . C R . . . . U . . . . . . O P . . T
. E . . . . A P . . . . . B . . . . . M . . E . H
H . . . . R E . . A . . . L . . . . A . . . . D D
. . . . E D . . N . . . . E . . . C . . . . . . R
. . . P . . L X . . . . . D . . H . . . I . . . A
. . Y . . U I . . . . . G . . A . . . M . . . . W
. H . . F O . . . . . N . . C . . . M . . . . . N
. . . R U . . . . . I . . H . . . A . . . . . . .
. . A S . . . . . Y . . E . . . T M U R T N A T .
. E . . . . . . R . . S . . . U . N I H T . . . .
F . . . . . . C . . . . . . R . . . . . . . . . .
. . . . . . . . . S A D . E . . . . . . . . . . .
. . . . . . . . . . . . . . . . . . . . . . . . .
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#9 Handout

EMOTIONAL HANDICAPS -- FOLLOW UP REVIEW

1. Give 5 general suggestions that will help you work with preschool children with emotional/behavioral problems.

2. Explain the differences between a child with a mild emotional problem and one that is severe.

3. Give 2 specific activities that can be done to assist the child with emotional problems.

4. Listed below are several situations regarding a child's emotional/behavioral development. Write "yes" if you believe the child should be referred for an emotional/behavioral problem; "no" if one is not indicated by the situation.

_________Sam is two years old. He does not share his belongings and hits his older sister when she taunts.

________Jack is five years old. He cannot stay on task for more than 2 minutes in a group situation and he is constantly in motion.

________Jane is withdrawn and fearful. After being in the class 3 months she still plays by herself and starts to cry when someone comes near.

________Mary has poor language development and occasionally throws temper tantrums when she cannot make herself understood.

________Bill often calls himself "dumb." He tears up his papers because they aren't perfect (in his eyes). He never seems to have any fun.

#9A Teacher Key

KEY TO EH FOLLOW-UP REVIEW

1. From Handout #10

2. on

3. Emotionally Handicapped

4.

No. (Sam is young).

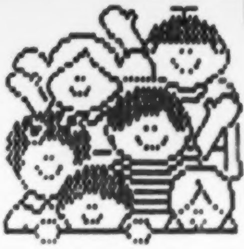
Yes. (He should be able to attend for at least 5-10 minutes or longer).

Yes.

No. (If tantrums come only because she cannot make herself understood, the behaviors are related to a particular cause. Frustration is being vented and while inappropriate, does not mean an emotional problem should be of overriding concern.

Yes. (Poor self-concept plus constant unhappiness are not normal).

SPEECH & LANGUAGE IMPAIRMENTS



OBJECTIVES:

The student will be able to. . .

1. describe the difference between "speech" and "language."
2. define receptive and expressive language.
3. list one non-speaking related problem.
4. list one behavior that may indicate a speech or language problem.
5. list one goal of the preschool.
6. list two specific activities to help speech or language impaired children in the preschool.
7. list general suggestions for the teacher's behavior with handicapped and non-handicapped children.

PERIOD I:

INTRODUCTORY ACTIVITY

1. Tape - listen to a tape of someone who is speech impaired. Discuss the difficulty in understanding and the image it conveys of lack of intelligence, sympathy, etc. Listen to part of the tape with the script and have the students discuss whether it was easier to understand when they knew what was being said. This relates to the idea that when one knows what a child is talking about, it is easier to understand what is being said. Several tapes of this type are available. The tape from "Kids Come in Special Flavors", (see IV,B), has been effectively used in the pilot program.

2. Simulation activity - have the students simulate having a speech impairmant. This can be done in a number of ways such as talking with one's mouth full or speaking in a particular rhythm. New Friends (see IV,A) suggests using marshmallows or a metronome. The students enjoy the marshmallows and have a lot of fun with it.

3. Charades - this helps the students understand that one can communicate without oral language, but that it is not as easy.

PRESENTATION

Filmstrip/Tape -
Early Childhood Mainstreaming Series:
Speech and Language Impairments

Handouts -
#10 Speech and Language Impairments
#11 Indicators of Need for Evaluation

POINTS TO EMPHASIZE

1. Speech and language are developmental.
2. Speech and language are different.
3. A child can understand and still not speak well.
4. Alternative communication systems exist.
   formal - sign language, communication boards
   informal - gestures
5. Specific Preschool activities can be helpful for speech and language aimpaired children.

PERIOD 2 :

ACTIVITIES

1. Puppets
   Handout on types of puppets (Attached #6)
   Make a paper bag puppet
   While making the puppet discuss how puppets can help increase language, why they are used and when you can use them. Relate this to the information recently presented on language activities and growth in all preschoolers.
2. Drama (role playing, let's pretend, etc.)
   Define and discuss its use.
3. Questioning Techniques
   Using questions to elicit language.
   The importance of using questions that require a a verbal response.
   Handout #13

FOLLOW-UP

Crossword Puzzle on Speech and Language Impairments
Review Sheet on Speech and Language

RESOURCES

Handouts

#10 Speech and Language Impairments
#11 Indicators of Need for Evaluation

Activities:
#12 Puppets
#13 Systematic Questioning (ERIN)

Follow-ups:
#14 Speech and Language Crossword
#15 Speech and Language Questions

Media

"Early Childhood Mainstreaming Series" (filmstrips)
Campus Film Distributor Corp.
14 Madison Avenue, P.O. Box 206
Valhalla, NY 10595

"Kids Come In Special Flavors"
Kids Come in Special Flavors Company
P. O. Box 562
Dayton, OH 45405

Books

Mainstreaming Preschoolers:
Children with Speech and Language Impairments
Project Head Start
Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402
Stock Number 017-092-00033-2
or contact your Outreach Coordinator of
Head Start

New Friends:
Mainstreaming Activities to Help Young Children
Understand and Accept Individual Difference
Chapel Hill Training Outreach Project
Lincoln Center
Merrit Mill Road
Chapel Hill, NC 27514

Getting Started in ERIN
Early Recognition Intervention Network
376 Bridge Street
Dedham, MA 02026

#10 Handout

SPEECH AND LANGUAGE IMPAIRMENTS

DEFINITIONS

A. **SPEECH IMPAIRMENTS** - speaking patterns that deviate so much from average that they interfere with communication and attention is called to the way the child speaks
   1. **Articulation errors** - additions, distortions, substitutions and omissions of speech sounds beyond what would be expected of the child's level of development
   2. **Voice disorders** - disorders of pitch, quality and intensity of the voice (ex: monotone, nasality)
   3. **Rhythm (fluency) disorders** - repetition of sounds, words or phrases, blocking and stuttering

B. **LANGUAGE IMPAIRMENTS** - inability to use language or to communicate verbally so that speech is said to be delayed, resulting in a small vocabulary and/or limited sentence structures
   1. **Receptive language** - understanding what is said or read
   2. **Expressive language** - talking, writing, gesturing to communicate with others
   3. **Inner language** - thought processes (also relates to pragmatics)
   4. **Pragmatics** - understanding and use of language

MOST COMMON PROBLEMS

1. Difficulty communicating, especially orally
2. Emotional/social difficulties
3. Learning problems
4. Listening problems although can hear

#10 Handout (continued)

CHARACTERISTICS OF CHILDREN WITH SPEAKING PROBLEMS

A. PHYSICAL PROBLEMS
  1. Most children have no physical problems
  2. Cleft lip - split upper lip or Cleft palate - hole in the soft or hard palate - usually both of these are corrected with surgery at an early age
  3. Growths or polyps on the vocal cords
  4. Impaired hearing
  5. Other disabilities such as physical impairments, brain disorders and limited intellectual functioning

B. SPEECH BEHAVIORS
  1. Hoarseness
  2. Speaking too loudly or too softly
  3. Talking incorrectly (articulation)
  4. Non-verbal
  5. Language disorders
  6. Non-fluency

C. CLASSROOM BEHAVIORS
  1. Difficulty following directions
  2. Disinterested in stories that are read or told
  3. Shyness
  4. Speech is not more than 50% understandable by age 24 months, or 100% understandable by age 48 months.
  5. Omission of most initial consonants after age three years
  6. Child is concerned or teased about speech
  7. Speaks too fast
  8. Voice is "strange"
  9. Child has difficulty naming things, communicating needs
  10. Easily upset or misunderstands what is said
  11. Not listening

GOALS OF THE PRESCHOOL

1. To develop language and speech skills
2. To help the child learn to focus on what is being said; learn to listen
3. To develop increased vocabulary and understanding

4. To help the child develop a good self concept and to get along with others
5. To develop the ability to communicate ideas

GENERAL SUGGESTIONS

1. Repeat correctly what the child says.
2. Expand on what the child says.
3. Encourage the child to respond and participate in oral discussions.
4. Label activities and objects as they are used.
5. Praise the child for appropriately responding.
6. Request the child to indicate what he wants by appropriate verbalizations.
7. Encourage the child to sing.
8. Be a good Speech and Language model - NO BABY TALK!
9. Have the child repeat what you say.
10. Give the child activities to develop his self-concept.
11. Provide listening activities.
12. Be patient when you can't understand the child; encourage him and take part of the blame yourself for not understanding.
13. Ask open-ended questions.
14. Consult with the Speech Therapist to learn what she/he is doing and what you can do.

REMEMBER: LANGUAGE AFFECTS ALL AREAS OF LEARNING!

ACTIVITIES

1. Give the child a group of pictcures and have the child select one. Use single word descriptions and then increase the difficulty.
   (Start with a small number of pictures.)
2. Stimulate talking by asking questions.
3. Play games or sing songs that require the children to repeat what they've said.
4. Rhyming games; learning nursery rhymes.
5. Read aloud to the children daily from age appropriate literature. (See librarian)
6. Have the child listen to a story (use earphones to eliminate distractions if necessary). Then have child tell it back. Use visual or auditory cues.
7. To help peers understand, have them put something in their mouths (marshmallows, bubblegum, etc. - check diets) and have them try to talk with their mouths full.

#11 Handout

INDICATORS OF NEED FOR EVALUATION

Refer a child for a Speech and Language Evaluation if:

1. Child shows no response to sound at six months and doesn't localize or cease activity
2. Child makes sounds and then at around six months or so stops vocalizing
3. Child understands no words at 18 months
4. Child follows no directions at age two
5. Child hasn't said first words by age 18 months to two years
6. Child uses only jargon and no understandable words at age two
7. Child is not using at least two-word combinations at age 30 months
8. Child is not using some three-word sentences at age three
9. Speech is completely unintelligible - initial consonant sounds omitted entirely or only vowels are heard after age three
10. Child cannot relate experiences in sentences which can be understood by age four
11. Sounds more than one year late in appearance relative to developmental sequence
12. Many substitutions of easy words in child's speech ("labials")
13. Word endings consistently dropped after age five (ca=cat, do=dog)
14. Sentence structure noticeably faulty after age five
15. Child embarrassed and/or disturbed by his speech and language
16. Child noticeably non-fluent after age of five
    There may be word-finding problems

#11 Handout (continued)

17. Child distorts vowel and consonants
    Omits vowel and consonants
    Many substitutions of sounds after age seven

18. Voice qulity monotone, extremely loud, inaudible, poor voice quality (hearing problems - loud), consistently hoarse

19. Pitch not appropriate for age and sex

20. Noticeable hypernasality or denasality (m, n, and ng sound like b, d, and g)

21. Unusual conversation - telescopic or compressed speech

22. Abnormal rhythm, abnormal rate, abnormal inflection after age five

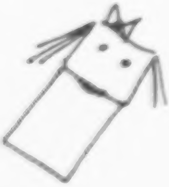
KINDS OF PUPPETS

by

Ruth B. Henderson

ETS

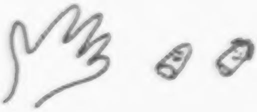
A popsicle stick or other stick can be attached to head made of cloth (stuffed with paper or cotton (with string or rubber band around base of head.



can be decorated.

HAND PUPPET

nder-like puppets can be made out of felt or cloth to fit nds of fingers.



E PUPPETS

can be covered with paper mache, painted and decorated.

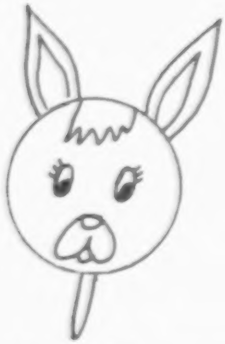
ETS

Material can be cut out and sewn on the edges to make a hand-size puppet. Decorate.

TS

old sock, sew on buttons, yarn, etc., to make a face.

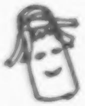
#12 Handout (continued)



PAPER PLATE PUPPETS

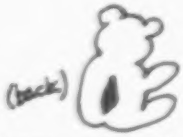
A plain paper plate can be made into a face with crayons and/or paint. Staple a popsicle stick to make handle. Holes can be made for fingers to stick through.

CYLINDER PUPPETS



Roll construction paper into a cylinder and staple or glue. This is the head. Decorate (add hat, etc.) and slip over the child's finger. A skirt can be added.

STUFFED ANIMAL PUPPET



An old stuffed animal can have part of stuffing taken out, and have the edges bound to keep them from fraying.

SYSTEMATIC QUESTIONING

Easy

What do you call it?
What color is it?
What size is it?
What shape is it?

Medium

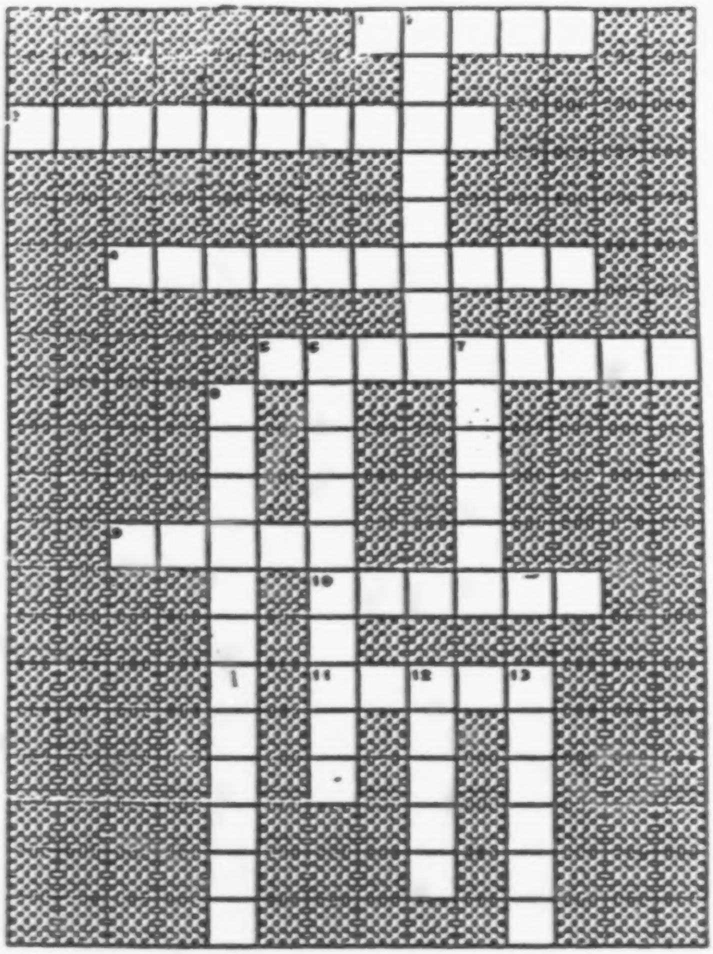
What do you do with it?
Who uses it?
When do you use it?
What is it made of?

Hard

What does it go with?
Which do you like most? Least?
How are they alike? Different?
Tell or write a story about them.

#14 Handout

SPEECH AND LANGUAGE CROSSWORD



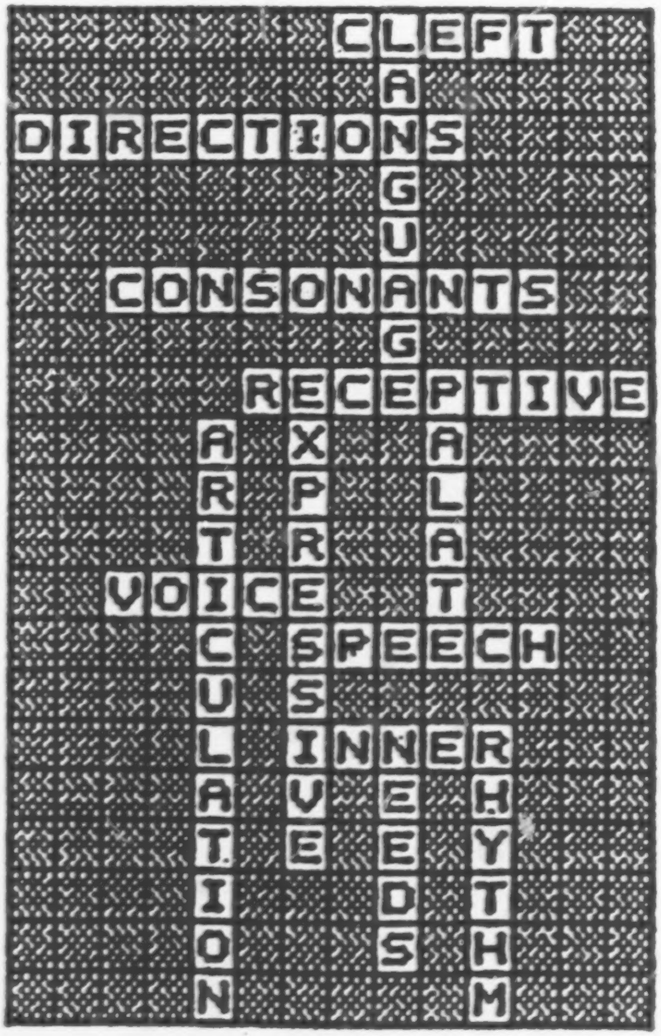
ACROSS CLUES

1. ______ LIP IS A SPLIT UPPER LIP.
3. THE CHILD MAY HAVE DIFFICULTY FOLLOWING ______.
4. WHEN THE CHILD OMITS MOST OF THE INITIAL _____ AFTER AGE 3, HE HAS A SPEECH PROBLEM.
5. ______ LANGUAGE - UNDERSTANDING WHAT IS SAID OR READ.
9. ______ DEFECTS - PROBLEMS WITH PITCH, QUALITY AND INTENSITY OF THE VOICE.
10. ____ IMPAIRED - SPEAKING PATTERNS THAT ARE DIFFERENT FROM THE NORM.
11. _____ LANGUAGE - THOUGHT.

DOWN CLUES

2. ____ IMPAIRED - A SMALL VOCABULARY AND/OR LIMITED SENTENCE STRUCTURE; SPEECH IS RETARDED.
6. ____ LANGUAGE - TALKING, WRITING, GESTURING TO COMMUNICATE WITH OTHERS.
7. CLEFT ____ - A HOLE IN THE SOFT PALATE.
8. ____ ERRORS - ADDITIONS, DISTORTIONS, SUBSTITUTIONS AND OMMISIONS OF SPEECH SOUNDS.
12. THE CHILD MAY HAVE DIFFICULTY IN COMMUNICATING HIS _____.
13. _____ DEFECTS - REPETITION OF SOUNDS, WORDS, OR PHRASES, BLOCKING AND STUTTERING.

#14A Teacher Key


CLEFT
DIRECTIONS
CONSONANTS
RECEPTIVE
VOICE
SPEECH
INNER
LANGUAGE
ARTICULATION
EXPRESSIVE
PALATAL
NEEDS
RHYTHM

#15 Handout

SPEECH AND LANGUAGE QUESTIONS

1. List 5 general suggestions that will help preschool children in the area of speech and language development.

2. Explain 2 specific activities that can be done with young children who need extra help in speech or language.

3. Explain the difference between a child who has a speech or language handicap and one who does not. How does this affect you as a child care worker or preschool teacher?

4. Listed below are several situations regarding a child's speech or language development. Write "yes" is you believe the child should be referred for a speech and language evaluation, "No" if an evaluation is not indicated by the behavior.

_____ John is 3 years old and says words such as psghetti.
_____ Mary is 2-1/2. Lately she seems to repeat syllables, almost stuttering, when she talks.
_____ Amy is 3 years old. She uses single words to tell what she wants. For example, if she wants to play with the ball, she says "Ball."
_____ Jim is 4 years old. When he talks he has no expression in his voice.
_____ Shawn is 3 years old and often does not say full words. A typical example would be ba' for ball or 'nana for banana.

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#15A Teacher Key

KEY TO SPEECH AND LANGUAGE QUESTIONS

1. See Speech and Language
2. Impairments Handout
3. Speech handicap - deviant speaking patterns
   Language handicap - difficulty using language to communicate

   Speech and language handicaps can affect the child's ability to communicate and to learn. They may also cause emotional problems.

   The child care worker needs to recognize the difference between developmental problems and an interfering handicap. Speaking clearly, involving the child, encouraging him to speak, and using language activities will be helpful.

4. No
   No
   Yes
   Yes
   No

   (Refer to "Indicators of Need for Evaluation.")

LEARNING HANDICAPS

This lesson covers two handicaps: MENTAL RETARDATION
LEARNING DISABILITIES

OBJECTIVES

Students will. . .
1. state the difference in intelligence between learning disabled and mentally retarded individuals.
2. define mental retardation.
3. identify the characteristics of individuals with varying levels of retardation.
4. give suggestions for teachers working with mentally retarded and learning disabled children.
5. give 2 activities to assist children with le handicaps.

PERIOD 1:

INTRODUCTORY ACTIVITY

Simulation
Ask the students to do the following activities:
1. Draw a dodecahedron.
2. Write his/her name with the "wrong" hand.
3. Write his/her name with the hand usually used.
4. Write his/her name while swinging the opposite foot in a circle and tapping his/her head.
5. Draw a figure/shape with 12 sides.
6. Write his/her name in mirror writing.

Look over the results:
#3,5 - should have had no trouble with
#1,2 - asking a person to do something he/she just hasn't had prerequisite learning for (#1 is a 12-sided figure) is akin to mental retardation
#4,6 - compare signature #4 with #3 - probably not as flowing, was difficult to write - mild learning disability
#6 - more severe learning disability

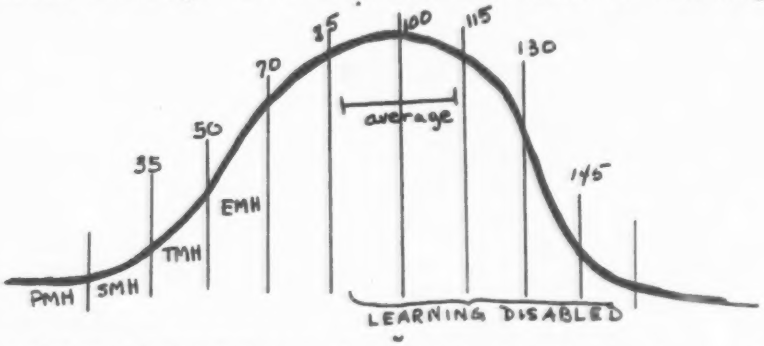
PRESENTATION

Filmstrip -
Early Childhood Mainstreaming Series -
"Learning Disabilities"

Speakers -
representatives from the specific program offices of the Special Education Department.

POINTS TO EMPHASIZE

Blackboard drawing: bell-shaped/normal curve of intelligence



1. EMH or Mildly Retarded are the ones in handicapped preschool classes. "Educable"
   will be self-sufficient adults (most likely).

2. Mental Retardation - not just lower measured intellectual ability but lower level social behavior (younger).

3. Mental Retardation cannot be cured but. . .
   a. can be prevented sometimes - PKU test, pregnancy-diet, alcohol/drug abstension
   b. functional retardation due to deprived environment or other problems (physical disabilities, language problems) can often be counteracted with appropriate education.
   c. abilities and skills can be maximized with education

4. Intelligence tests and achievement tests - based on what you know, your skill levels, and how old you are predict your appropriate learning ability. I.Q. tests originally developed determine who would benefit from education - not to determine innate (in-born) intelligence.

5. Learning disabilities - average to above average intelligence.
   At this point cause really not known.
   --some hereditary features
   --more males than females
   --some disabilities appear to diminish with maturity

   Cause - speculation - it's in the brain - somewhere between the sensory input (what's seen, heard, etc.) and the output (writing, drawing, speaking, walking, etc.) there's a breakdown.

   Frustration - common with learning disabled people. They know they should be able to do certain tasks and can't. Inconsistency - in performing a specific task - could do it yesterday but can't today.

6. Multisensory techniques are helpful with both groups.
   Ex: saying "red" while coloring with red crayon.
   Tracing shape with finger or in sand while saying its name.

PERIOD 2:

ACTIVITIES

1. Make multi-sensory folder games or other teaching materials.

2. Make 5 materials to teach the same concept in different ways.

FOLLOW UP

MR Crossword Puzzle
MR-LD Review Sheet

RESOURCES

Handouts
- #16 Mental Retardation
- #17 Specific Learning Disabilities

Follow-up
- #18 MR Crossword Puzzle
- #19 MR-LD Review Sheet

Media

Early Childhood Mainstreaming Series
Campus Film Distributor Corp.
14 Madison Avenue, P.O. Box 206
Valhalla, NY 10595

Books

Mainstreaming Preschoolers:
Children with Speech and Language Impairments
Project Head Start
Superintendent of Documents
U.S. Government Printing Office
Stock Number 017-092-00033-2
or contact your Outreach Coordinator of Head Start

New Friends:
Mainstreaming Activities to Help Young Children Understand and Accept Individual Difference
Chapel Hill Training Outreach Project
Lincoln Center
Merrit Mill Road
Chapel Hill, NC 27514

Kids Come in Special Flavors
Kids Come in Special Flavors Company
P.O. Box 562
Dayton, OH 45405

16 Handout

MENTAL RETARDATION
(Mentally Handicapped)

DEFINITIONS

A. MENTAL RETARDATION - below average general intellectual functioning with deficits in adaptive/social behavior at the same time which occurs during the developmental period (birth to age 16 years.) (paraphrased from the AAMD definition by Grossman, 1973.) It may be caused by inherited, environmental or a combination of factors.

1. Cures - there are no cures for mental retardation. however
   a) there are preventative measures.
   b) there are factors which may cause inaccurate measurement of intelligence.
   c) intervention can help a child to learn as much as he possibly can.
2. Intelligence Quotient - a score on an intelligence test, it does not measure natural intelligence but estimates intelligence based on what one can do.
   a) average I.Q. = 100, range is about 85-115
   b) retardation is an I.Q. of below 70 with adaptive behavior deficits
   c) about 2-1/2% of the population is retarded

B. CLASSIFICATIONS - these are utilized to better provide educational programming and services.

1. Educable or Mild (EMH/EMR) - I.Q. = 50(55)-70. Generally can learn academics from a 3rd to 6th grade level but has difficulty generalizing and does better at concrete activities; has delayed development and may be considered slow and/or immature; usually will be an idenpendent adult and will blend into society.

2. Trainable or Moderate (TMH/TMR) - I.Q. = 25(30)-50. Generally can learn self-care skills and may attain academics to a first grade level but learns at less than 1/2 the rate of development of the average person; more common at this level to have other handicaps and health problems as well; as an adult will be more like a 5-7 year old and will only be semi-independent with possibly working in a sheltered workshop and live in a group home.

3. Severe/Profound or Custodial/Dependent (S/PMH) - I.Q. 0-25.
These two areas are often combined into a single description.
People in these categories are frequently multiply handicapped.
Individuals in the Severe range may learn some basic self-care skills though the Profound usually cannot learn to take care of themselves at all. Both groups require constant care and supervision. While Severely retarded individuals may live in structured group homes, they, as well as the Profoundly retarded, may live in cluster homes or institutions.

C. MOST COMMON PROBLEMS

1. Delayed development in social skills and self-care skills.
2. Communication problems.
3. Lack of understanding of what mental retardation is and the differences in the levels.
4. Gross motor and/or fine motor problems.
5. Difficulty generalizing.

CHARACTERISTICS OF CHILDREN WITH MENTAL RETARDATION

A. ABNORMAL PHYSICAL APPEARANCES

1. There are no set patterns of physical abnormalities for retarded individuals in general.
2. Some syndromes do have physical characteristics which may indicate their presence.
3. Delayed mental development may also mean less well-developed motor skills resulting in awkwardness, lack of coordination.

B. HEALTH INDICATIONS

1. Moderately and more severely retarded individuals often have syndromes which include health problems such as susceptibility to respiratory infections.
2. Frequently additional handicaps are present along with their health problems.

C. SPEECH INDICATIONS

1. Delayed language development.
2. Delayed speech development; misarticulations.

D. CLASSROOM BEHAVIORS

1. Slow to catch on to new ideas.
2. Immature socially.
3. Tends to repeat what is known rather than trying new activities.
4. Immature language and motor skills.
5. Asks for repetition.
6. Works better from demonstrations and concrete objects.

GOALS OF THE PRESCHOOL

1. Develop physical coordination and learn to get around the environment.
2. Increase vocabulary and ability to communicate one's ideas.
3. Learn to attend to directions.
4. Develop a healthy self-concept.
5. Establish health habits.
6. Behave in a socially appropriate manner.
7. Learn self-help skills.
8. Increase general awareness/information level.
9. Develop academic readiness skills.

GENERAL SUGGESTIONS

1. Talk clearly in short, descriptive sentences.
2. Give demonstrations of activities while describing them.
3. Engage the child in conversations.
4. Provide routines.
5. Avoid comparing child to others.
6. Recognize child's achievements, show him his progress.
7. Encourage independence.
8. Review what's been done and what's coming up.
9. Provide a wide variety of experiences.
10. Encourage playing/working with others.
11. Include therapists' ideas in the curriculum.
12. Give consideration to the individual.

REMEMBER: SOME RETARDED PEOPLE CANNOT BE
DISTINGUISHED FROM "NORMAL" PEOPLE

ACTIVITIES

1. Classification and Sorting Games. These can be done with multiple levels of difficulty to work with children of different levels of ability at the same time.
2. Have children talk about hard and easy. Introduce the idea that what's hard for one person may be easy for another, but next time things might be turned around.
   Book Is it Hard? Is it Easy? may be place to start.
3. Make a bulletin board on "what we do best." Use different ways - art work, photographs, etc., so that children (for instance) who don't draw well are not penalized in showing their "best."
4. Do memory games like "I'm going on a trip and in my suitcase I'm going to pack . . . ." with each child giving an item and repeating items said before. Use pictures as cues. To facilitate this you might want to limit to a category of items such as food, clothing, animals.
5. To help them understand. Book He's My Brother or Impossible, Possum.
   Also with children who say "Oh, that's easy", give them something more difficult and say "But it's easy for me." and have them discuss it and how they felt.

#17 Handout

SPECIFIC LEARNING DISABILITIES

DEFINITIONS

A. **SPECIFIC LEARNING DISABILITIES** - demonstrated difference between achievement and intellectual ability which may be characterized by an uneven growth pattern, attention problems, difficulty in specific academic and learning tasks. The individual has a measured intellectual level above that of a person who is mentally retarded.

B. COMMON TERMS ASSOCIATED WITH LEARNING DISABILITIES

DYSLEXIA - one type of specific learning disability which is a disorder where children do not learn to read despite the intelligenc and having had regular instruction.

SENSORI-NEURAL INTEGRATION DIFFICULTIES - problems in psychological processing causing difficulty in responding to information taken in from the senses.

C. MOST COMMON PROBLEMS

1. Difficulty learning academic tasks, especially.
2. Poor self-concept.
3. Poor fine-motor skills.

17 Handout (continued)

CHARACTERISTICS OF CHILDREN WITH LEARNING DISABILITIES

A. PHYSICAL APPEARANCE
   1. None usually.
   2. Higher incidence of left-handedness.
   3. Clumsy or uncoordinated.

B. HEALTH INDICATIONS
   1. Higher incidence of allergies and migraine headaches.
   2. Usually are like most children their ages.

C. SPEECH BEHAVIORS
   1. May have delayed speech/language development.
   2. May have difficulty "finding the right word" to use in speaking, identifying objects.

D. CLASSROOM BEHAVIORS
   1. Attention problems, especially in large group activities.
   2. Difficulty following directions.
   3. Distractible; difficulty carrying simple tasks through to completion.
   4. Hyperactive
   5. Lack of coordination either in drawing and coloring or hopping, skipping, ball activities, etc.
   6. Immature - socially and physically (not necessarily in terms of size).
   7. Frustration
   8. Reversals (backwards letters, letters in wrong order).
   9. Problems crossing midline.
   10. Difficulty determining handedness at age five.
   11. Comprehension problems.

GOALS OF THE PRESCHOOL

1. To help the child develop receptive and expressive language skills.
2. To enhance the child's socialization skills and self-concept.
3. To provide a variety of opportunities for success through different learning materials and methods.
4. Develop the child's attention span.

GENERAL SUGGESTIONS

1. Use a multisensory approach, when possible, in developing new concepts.
2. Provide names for objects when discussing them.
3. Use structure so the child develops habits and patterns for completing activities.
4. In pre-reading/pre-writing activities always go from left to right and give the child cues so that he always know where and when to start.
5. Keep directions short and clear; have child repeat them. Use visual cues.
6. Praise the child.
7. Be aware of the signs of frustration.
8. Give the child activities to develop self-concept and responsibility.
9. Provide a wide range of activities, especially in fine and gross motor.
10. Do activities that require listening and movement (fingerplays, Simon Says, etc.)

** REMEMBER: SPECIFIC LEARNING DISABILITIES ARE DIFFICULT TO IDENTIFY AT THE PRESCHOOL LEVEL BECAUSE;
1. THEY ARE USUALLY DESCRIBED IN TERMS OF ACADEMIC TASKS.
2. MANY OF THE SYMPTOMS ARE COMMON TO ALL CHILDREN AT THIS DEVELOPMENTAL LEVEL!

ACTIVITIES

1. Have the child look at an object, talk about it, feel it.
2. Make shapes, etc. drawing them in the sand.
3. Paste shapes, etc. by using beans, rice, etc. Have the children go over them with their fingers.
4. Listen to a story then repeat it, and put in order a set of sequence cards about the story.
5. Large muscle activities to develop accuracy and coordination such as walking a balance beam can help children develop self- confidence.
6. Read good literature to the children daily.

#17 Handout (continued)

GENERAL SUGGESTIONS

1. Use a multisensory approach, when possible, in developing new concepts.
2. Provide names for objects when discussing them.
3. Use structure so the child develops habits and patterns for completing activities.
4. In pre-reading/pre-writing activities always go from left to right and give the child cues so that he always know where and when to start.
5. Keep directions short and clear; have child repeat them. Use visual cues.
6. Praise the child.
7. Be aware of the signs of frustration.
8. Give the child activities to develop self-concept and responsibility.
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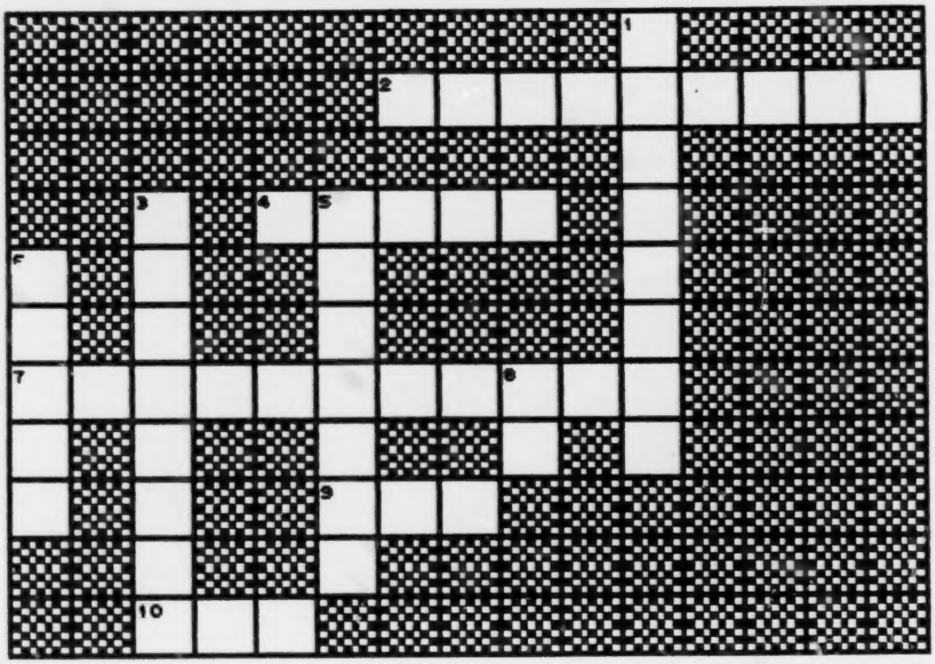
ACTIVITIES

1. Have the child look at an object, talk about it, feel it.
2. Make shapes, etc. drawing them in the sand.
3. Paste shapes, etc. by using beans, rice, etc. Have the children go over them with their fingers.
4. Listen to a story then repeat it, and put in order a set of sequence cards about the story.
5. Large muscle activities to develop accuracy and coordination such as walking a balance beam can help children develop self- confidence.
6. Read appropriate literature to the children daily.

#18 Handout

MENTAL RETARDATION
CROSSWORD PUZZLE



ACROSS CLUES

2. RETARDATION MAY BE CAUSED BY ______ OR ENVIRONMENTAL FACTORS (OR A COMBINATION OF THESE).
4. ABOUT ______ PERCENT OF THE POPULATION IS RETARDED.
7. MENTAL ______ - BELOW AVERAGE GENERAL INTELLECTUAL FUNCTIONING.
9. ______ - EDUCABLE OR MILD RETARDATION (IQ = 50-70).
10. ______ - TRAINABLE (IQ = 25-50).

DOWN CLUES

1. ______ OR SEVERE (IQ = 0-25).
3. INTELLIGENCE ______ - A SCORE ON AN INTELLIGENCE TEST.
5. ONE ______ - AVERAGE IQ.
6. THERE ARE NO ______ FOR MENTAL RETARDATION.
8. ______ - ABBREVIATION FOR INTELLIGENCE QUOTIENT.

M8A Teacher Key

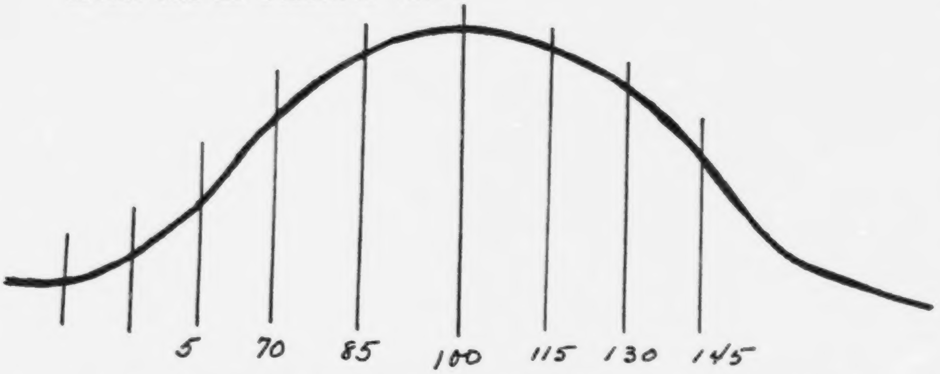
KEY TO MR CROSSWORD PUZZLE

										P				
						I	N	H	E	R	I	T	E	D
										O				
		Q		T	H	R	E	E		F				
C		U			U					O				
U		O			N					U				
R	E	T	A	R	D	A	T	I	O	N				
E		I			R			Q		D				
S		E			E	M	H							
		N			D									
		T	M	H										

# 19 Handout

LEARNING HANDICAPS REVIEW

1. Fill in the intelligence curve showing where EMH, TMH, S/PMH and LD students fall.



2. Write in the blank preceding the statement which category the individual would probably best be classified:

1 -- EMH Educable Mentally JHandicapped
2 -- TMH Trainable Mentally Handicapped
3 -- S/PMH Severe/Profoundly Mentally Handicapped
4 -- LD Learning Disabled

___ a. can learn self-care skills
___ b. can learn academics to a 3rd - 8th grade level
___ c. has average intelligence
___ d. may learn some basic sefl-care skills
___ e. may live in an institution
___ f. usually will be an independent adult (2 answers)
___ g. as an adult will be like a 5-7 year old
___ h. will only be semi-independent
___ i. may go to college
___ j. may be considered immature
___ k. frequently will be multihandicapped
___ l. difficult to identify at the preschool level
___ m. can learn self-care skills
___ n. will blend into society
___ o. requires constant care and supervision
___ p. may work in a sheltered workshop
___ q. may live in a group home
___ r. may make reversals in reading and writing

# 19 Handout (continued)

Give 2 suggestions for activities that could help normal children in a preschool understand about a retarded child's differences.

Give three suggestions for working with retarded children.

#19A Teacher Key

KEY TO MR-LD REVIEW

1.

See lesson notes.

2. a. 2
   b. 1
   c. 4
   d. 3
   e. 3
   f. 1,4
   g. 2
   h. 2
   i. 4
   j. 1
   k. 3
   l. 4
   m. 1
   n. 1
   o. 3
   p. 2
   q 2
   r. 4

3.
4. } See handouts on Mental Retardation and Learning Disabilities

PHYSICAL & HEALTH HANDICAPS

OBJECTIVES

Students will. . .

1. describe the range of problems under the label "physically impaired"
2. describe the impact of cerebral palsy on the child
3. describe three possible indicators that the child has a physical/medical/health difficulty
4. explain the difference between O/T and P/T
5. give 3 suggestions for the teacher working with the physically impaired child.
6. give 2 activities to assist the development of the physically impaired child.

PERIOD 1

INTRODUCTION

1. Have the students try to move around the room and down the hall with limited mobility. Mobility may be limited by use of a wheelchair or crutches, by tying a weight on one leg or by tying a leg up so it cannot be used.

2. Put on mittens, restirct arm movement by tying the arm up toward the body, or tie fingers together (especially thumb to index finger), then have students try to draw, write, put together puzzles, string beads, etc.
(Kids Come in Different Flavors and New Friends have additional activities.)

PRESENTATION

Film -
Krista

Discussion -
In addition to discussing the prosthesis and how it was handled with Krista and the other children, discuss preparation for the hospital.

Handouts -
Physically Impaired
Medical and Physical Problems
Orthopedic Aids

POINTS TO EMPHASIZE

Medical problems can be just as devestating as physical problems.
Identify
Epilepsy, types of seizures and what to do in case of one
Effects of drugs--especially the suppressants phenobarbitol and dilantin
Muscular Dystrophy
Cerebral Palsy

Jobs:
Occupational Therapist
Physical Therapist

PERIOD 2:

ADAPTING MATERIALS

Have the students adapt some of the materials & furntiture for physically handicapped children. For example: put foot rests and back supports onto chairs and bigger knobs on jack in the box, etc.

FOLLOW-UP

Medical and Physical Problems Word Search
Physical and Health Handicaps Review

RESOURCES

Handouts

- #20 Physically Impaired
- #21 Medical and Physical Problems
- #22 Orthopedic Aids

Media

Films: *Krista*
Craighead Films
P.O. Box 3900
Shawnee, KS 66203

Kids Come In Different Flavors
Kids Come in Special Flavors Co.
P.O. Box 562
Dayton, OH 45405

New Friends:
Mainstreaming Activities to Help Young Children Understand and Accept Individual Difference
Chapel Hill Training Outreach Project
Lincoln Center
Merritt Hill Road
Chapel Hill, NC 27514

Occupational Outlook Handbook (Borrow from Guidance Dept.)

#20 Handout

PHYSICALLY IMPAIRED

DEFINITIONS

A. **PHYSICALLY IMPAIRED** - a physical handicap or chronic health problem which may result in limitations of mobility, communication, or general intellectual function, lack of energy or vitality; special education or therapy programs are needed to maximize ability to learn. Such impairments may or may not require the use of special equipment (see attachment).

1. Occupational Therapy - special training to develop and maintain fine motor and posture skills necessary to perform tasks for daily living.
2. Physical Therapy - treatment of disorders of the bones, joints, muscles and nerves to improve mobility and motor performance.

B. **HEALTH IMPAIRED** - a subcategory of physically impaired which includes people with chronic (continuing) health problems which may interfere with usual functioning. Some examples are asthma, allergies, epilepsy, heart disease, hemophilia, etc. (See handout for descriptions.)

C. MOST COMMON PROBLEMS

1. Problems in mobility.
2. Communication problems.
3. Difficulty in self-care.
4. Absenteeism

20 Handout (continued)

CHARACTERISTICS OF CHILDREN WITH PHYSICAL PROBLEMS

A. PHYSICAL PROBLEMS

1. Deformed or missing limbs (arms and legs) or digits (fingers and toes).
2. Scoliosis, poor posture.
3. Drooling or swallowing problems.
4. Spasticity
5. Limping
6. Limbs or digits that are "mispositioned."

B. HEALTH INDICATIONS

1. Frequent susceptibility to respiratory or urinary tract infections.
2. Shallow or labored breathing.
3. Low energy level.
4. Complains of soreness, stiffness.

C. SPEECH BEHAVIORS

1. Misarticulations
2. Difficulty speaking/oral motor problems.

D. CLASSROOM BEHAVIORS

1. Appears inattentive, blanks out.
2. Has difficulty getting from one place to another, moves slowly.
3. Absent from school a great deal.
4. Tires easily.
5. Poor handwriting skills.
6. Needs adapted/adaptive materials.
7. May have poor hygiene.
8. Poor attention.

GOALS OF THE PRESCHOOL

1. To help the child to learn to move around his environment.
2. To develop language or other communication skills.
3. To help children utilize their physical abilities and recognize their special needs.
4. Help the child develop readiness skills.

20 Handout (continued)

GENERAL SUGGESTIONS

1. Learn about the particular condition and its implication for the child's life/abilities.
2. Learn about the proper handling and use of specialized equipment.
3. Emphasize the child's strong points.
4. Be realistic about what the child can do; let the child try.
5. Answer questions honestly about the child's handicap and specialized equipment both to the child and to other children.
6. Be aware of any medication the child is taking, and its possible side effects.
7. Don't be afraid to touch the child or his prosthesis.
8. Talk with the therapists regarding positioning and activities.
9. Encourage movement.

REMEMBER: PHYSICAL IMPAIRMENT DOES NOT MEAN MENTAL IMPAIRMENT!

ACTIVITIES

1. "Mother May I?" A game for the children to move as they're told where movements can be designed to meet the needs/abilities of the child. (Ex: squirm like a worm, hop like a bunny, do a log roll.)
2. Building blocks. Build a something using various types of blocks (large, small, logos, etc.) depending on child's coordination. Children can work in pairs or do the same exercise using different materials.
3. Movement songs such as "Hokey Pokey" or "Where is Thumbkin?"
4. Read a story about someone or something who is different. Ex: Little Peter What's My Name or Swimmy. Discuss how we're all different. Have children tell what's unique about themselves.
5. To help them understand. Ask children to do an activity restricting their movement so all children have the same restriction as the handicapped child. (Ex: use only one hand), or have them work in teams with each one with a different restriction (this is usually better for older children.)
6. To help them understand. Have children play a game with their feet tied together to limit movement or their hands tied together. (Allow 6" movement and be sure to be closely involved so no one is hurt.)

# 21 Handout

MEDICAL AND PHYSICAL PROBLEMS

ALLERGIES - sensitivity to specific things which result in various physiological reactions including watery eyes, congestion, runny nose, sneezing, itching, rash (hives) or swelling. Common allergies include inhalants (smoke, dust, pollen, perfume), foods, eggs, pork, chocolate, milk, fruit), drugs (vaccines, antibotics, etc., skin contact (wool, fur, poison ivy), infections and insect venom (especially bee stings).

PROBLEMS: fatigue, illness, absenteeism.
TREATMENT: medication for temporary relief; awareness of problems; desensitization.

ASTHMA - an extreme allergic condition in which mucus obstructs the bronchial tubes and/or lungs, causing trouble breathing, wheezing.

PROBLEMS: fatigue, absenteeism, tension or anxiety.
TREATMENT: oral medication, inhaler, rest, reduction of activities, emotional support.

ARTHRITIS - inflammation of the joints, of the body and may also involve organs (heart, liver, spleen, etc.). Symptoms include swelling and pain in joints, stiffness, redness, skin rash, red eyes, possible retarded growth. Movement may become painful and very difficult. May cause continual pain or may appear occasionally.

PROBLEMS: mobility, range of motion, pain, absenteeism, posture, child is afraid of doing things that might hurt.
TREATMENT: medication, surgery, may need adaptive equipment, may need to have assignments shortened, eyes should be checked regularly, heat treatments, encourage child to participate.

AMPUTATION - missing limbs due to problems at birth, trauma (accidents) or elective (as a result of disease or infection) reasons. Generally, especially with congenital amputations, a child will have an artificial limb (prosthesis).

PROBLEMS: posture, hygiene, and adaptation to specialized equipment, mobility.
TREATMENT: change of prosthesis to fit properly, knowledge of fit and use of prosthesis, proper exercise, modify curriculum for adaptation.

# 21 Handout (continued)

CEREBRAL PALSY - usually present at birth but may occur due to brain/head injury. May affect any combination of arms, legs, speech and language, hearing, vision, mental growth.
Spastic C.P. - moves stiffly and with difficulty.
Athetoid C.P. - has involuntary movements.
Ataxic C.P. - disturbed sense of balance and depth perception.

PROBLEMS: awkward, clumsy movements; poor balance, tremors, speech problems, grimaces, drooling, posture; varying degrees of physical, sensory and mental abilities make generalizations about their abilities almost impossible.

TREATMENT: adaptive equipment for movement (wheelchairs, crutches), eating, sitting, writing, etc.; therapy; help child gain poise, social skills; recreational activities; special attention to appropriate seating.

DIABETES - a disorder in the metabolism of the body where the pancrea does not produce enough insulin. As a result the body does not use or store sugar appropriately. Common symptoms are thirst, frequent urination, hunger, weight change (loss), general weakness, vision and skin problems.

PROBLEMS: Insulin reaction (hypoglycemia) or diabetic coma, vision and skin problems.

TREATMENT: Balance of diet*, medication (usually insulin injections), rest** and activity; monitor for problems.
*check for need for snack and acceptable foods
**nothing strenuous before eating

Insulin Reaction (due to too much insulin)	Diabetic Coma (due to too little insulin)
Rapid onset	Slow onset
Pale, moist skin, tongue	Flushed, dry skin, tongue
Rapid, shallow breathing	Deep, labored breathing
Hungry	No appetite
Not thirsty	Thirsty
Needs: carbohydrate - candy, raisins, sugar	May vomit
	Needs: keep warm and resting, call physician and parent

EPILEPSY - common seizure disorder (1 of every 50 children) which is usually a symptom of a nervous system problem. Seizures occur when excess electrical discharges are released from the nerve cells of the brain causing temporary loss of brain functions controlling the body.

PROBLEMS: Fear by others of problem; fatigue, disorientation after seizure; interruptions in learning; medication reactions; changes with puberty.

TREATMENT: Open-mindedness/awareness, short rest after a seizure, medication (phenobarbital and/or dilantin are most frequent), may need some extra time.

Seizure Types

GRAND MAL - most severe; loss of consciousness; may shout, gurgle; convulsive movements; lasts several minutes; doesn't recall seizure, will want to rest.

---be calm, seizure doesn't hurt child, do NOT restrain child, move things away from him, do not force anything into his mouth. After attack let child rest, inform parent, no need to call physician unless seizure lasts over 5-7 minutes or is followed rapidly by a second seizure.

PETIT MAL - short seizures usually 5-20 seconds, most common, may occur as often as 100 times per day. Child may become pale, eyelids may twitch, child may stare into space; usually accused of daydreaming or being "spacey" and may return to work not being aware seizure has occurred. Common signs: drooping head, lack of attentiveness, slight jerky movements, purposeless body movements.

PSYCHOMOTOR - seizure lasts a few minutes to several hours. Child may carry on purposeless activities (walking around, take off clothes, etc.). After seizure - tired, wants to sleep, doesn't remember what happened.

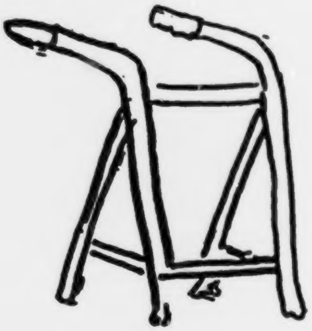
MUSCULAR DYSTROPHY - a group of progressive diseases where muscles are replaced by fatty tissue ending with complete helplessness; a fatal condition. Usually it starts between ages 1-6, rarely after 10. Early signs include clumsiness, difficulty climbing stairs and getting up from the floor, falls easily. Eventually ends up in a wheelchair and later bedridden. Fine motor (fingers) retain some strength throughout.

PROBLEMS: Mobility, slow to do work, emotional adjustment, fatigue.
TREATMENT: Adaptive equipment; therapy, counseling, balance of diet, rest and activity; stimulate child academically and socially as well as in leisure-time pursuits.

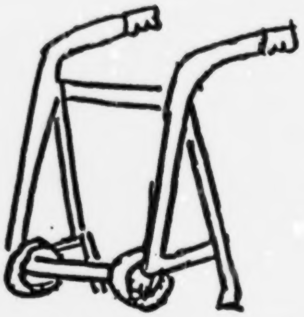
SPINA BIFIDA - a birth defect of an opening at the base of the spine. Varying degress of paralysis, incontinence (lack of bladder and bowel control), impaired autonomic nervous system (no sweating).

PROBLEMS: Urinary infections, ambulation (movement), odor, pressure sores.
TREATMENT: Hygiene; may need diapers, catheters, ostomy materials and toileting assistance; ambulation assistance - time, crutches, wheelchair, surgery at 24-48 hours old.

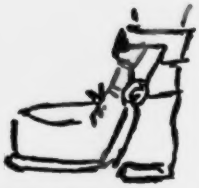
ORTHOPEDIC AIDS



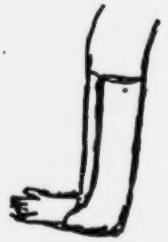
Walker



Rollaider

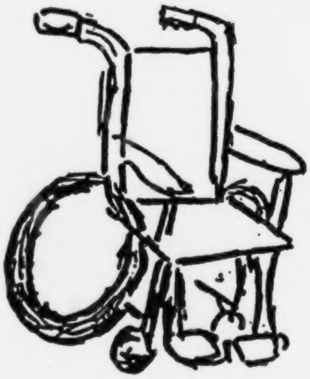


Metal and leather brace
Orthopedic shoe

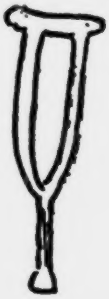


Plastic molded
brace

(Braces may be made for arms or legs, and may extend to the torso.)



Wheelchair

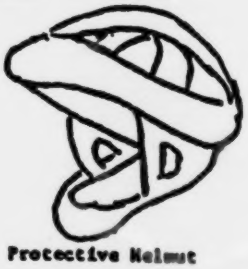


Crutch

Canadian
cane

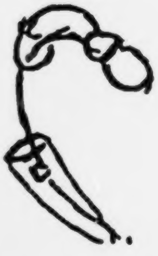
Cane

Other adaptive equipment includes strollers, special eating utensils, communication boards, urinary devices, typewriters.



Protective Helmet

Prothesis



A Prosthetic device to replace arms or legs may look like "real thing."

BEST COPY AVAILABLE

#23 Handout

MEDICAL AND PHYSICAL PROBLEMS WORDSEARCH

M	V	S	S	E	I	G	R	E	L	L	A	H	O	J	V	Z	E	X	U	Q	N	H	M	A
Q	U	X	U	E	E	C	E	R	E	B	R	A	L	P	A	L	S	Y	T	Y	G	R	L	Z
A	H	S	E	X	O	T	Y	N	A	I	H	U	T	A	L	Y	S	R	T	W	R	O	S	T
D	L	Q	C	O	P	U	E	V	O	M	X	V	P	D	I	R	H	Q	Y	N	A	R	G	G
I	L	G	P	U	L	S	U	N	K	I	H	J	R	O	F	U	O	N	O	N	N	U	G	V
F	H	Z	L	U	L	G	Y	Z	Y	S	T	T	G	L	U	C	L	Q	P	H	D	K	M	T
I	B	H	V	Q	O	A	J	C	J	O	T	A	S	C	T	Q	J	I	X	X	M	O	Z	P
B	O	I	Y	P	V	T	R	X	H	I	K	I	T	A	H	W	Y	J	K	M	A	S	G	W
A	E	T	I	T	W	A	D	D	A	O	I	I	C	U	A	A	B	K	U	J	L	W	H	C
N	N	U	S	C	C	O	I	L	Y	Y	M	W	P	H	P	R	K	G	S	K	I	O	Y	C
I	K	B	I	L	J	X	A	A	H	S	C	O	Q	N	F	M	T	I	D	E	Y	G	F	K
P	E	W	A	B	V	W	B	M	I	Q	T	V	T	D	G	A	A	H	G	E	H	J	H	E
S	Q	L	A	G	A	Q	E	T	O	A	M	R	O	O	X	U	B	B	R	B	D	X	L	J
P	S	O	M	G	S	C	T	I	Z	C	P	O	O	P	R	H	X	H	D	I	Q	E	B	H
S	V	I	C	V	R	M	E	T	U	K	A	T	F	P	R	E	U	P	I	S	T	J	C	C
R	D	E	V	A	R	W	S	E	B	G	V	V	G	A	H	G	J	Q	Y	S	N	I	J	O
Z	Q	K	W	G	O	Y	T	P	Y	J	A	E	X	W	K	Y	Q	R	N	A	D	B	S	R
E	P	I	L	E	P	S	Y	F	V	E	C	E	C	R	P	B	L	Y	A	X	T	X	Z	L

WORDS

MUSCULARDYSTROPHY
PETITMAL
EPILEPSY
ARTHRITIS
SPINABIFIDA
GRANDMAL
DIABETES
ASTHMA
PSYCHOMOTOR
CEREBRALPALSY
AMPUTATION
ALLERGIES

HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM 8/85

#23A Teacher Key

KEY TO MEDICAL AND PHYSICAL PROBLEMS WORD SEARCH

```
M . . S E I G R E L L A . . . . . . . . . . . . .
. U . . . . C E R E B R A L P A L S Y . . G . . .
A . S . . . . . N A . . . . . . . . . . . R . . .
D . . C . P . . . O M . . . . . . . . . . A . . .
I . . . U . S . . . I H . . . . . . . . . N . . .
F . . . . L . Y . . . T T . . . . . . . . D . . .
I . . . . . A . C . . . A S . . . . . . . M . . .
B . . . . . . R . H . . . T A . . . . . . A . . .
A . . . . . . D D . O . . . U A . . . . . L . . .
N . . . . . . I L Y . M . . . P R . . . . . . . .
I . . . . . . A A . S . O . . . M T . . . . . . .
P . . . . . . B M . . T . T . . . A H . . . . . .
S . . . . . . E T . . . R . O . . . . R . . . . .
. . . . . . . T I . . . . O . R . . . . I . . . .
. . . . . . . E T . . . . . P . . . . . . T . . .
. . . . . . . S E . . . . . . H . . . . . . I . .
. . . . . . . . P . . . . . . . Y . . . . . . S .
E P I L E P S Y . . . . . . . . . . . . . . . . .
```

'#24 **Handout**

PHYSICAL AND HEALTH HANDICAPS

1. Explain the difference between the work of:

    1. occupational therapist
    2. physical therapist

2. True or False:

_____ Physical impairment does not mean mental impairment

_____ If a child wears braces he should be discouraged from playing on the climbing bars.

_____ The onset of Muscular Dystrophy is often during the preschool years.

_____ All children with epilepsy will have seizures that cause them to fall on the floor and"be wild".

_____ Health impairments are never as serious as physical impairments.

3. What are 2 activities that a teacher of preschoolers could do in the classroom to help other children understand another child's physical handicap?

4. Give 3 reasons a teacher needs to know if a child is on medication.

5. Identify briefly each of the following words:

allergies
asthma
amputation
cerebral paslsy
diabetes
epilepsy
grand mal
petit mal
psychomotor
muscular dystrophy
spina bifida

#24A Teacher Key

KEY TO PHYSICAL AND HEALTH HANDICAPS

1. Occupational therapist -
   works with small muscle skills, daily living skills (eating, dressing), posture

   Physical therapist -
   works with large muscle skills to improve movement, balance

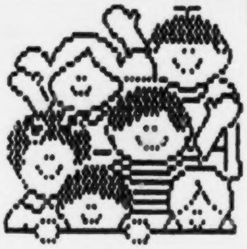
2. True
   False
   True
   False
   False

3. See Physically Impaired handout

4. - know effect on child's behavior
   - know effect on child's learning
   - know how it reacts with foods child may be given
   - be aware if child is having a reaction to medication
   - be aware when child has not had medication
   - understand why child needs medication
   - help child to adjust

5. See handout on Medical and Physical Problems

VISUAL HANDICAPS



OBJECTIVES

Students will. . .

1. state three common problems of children with visual limitations.
2. recall that most blind children have some residual vision.
3. recognize classroom behaviors which may indicate vision problems.
4. give two activities which the teacher can do in the preschool to aid the Visually Impaired child.
5. give two suggestions for the teacher in dealing with the Visually Handicapped child in the classroom.

PERIOD 1:

INTRODUCTORY ACTIVITY

Have students work in pairs. First have one of each pair put on a blindfold, mask or partially blocked glasses. Other serves as guide moving around the room, hallway. Next have fully sighted member of pair then act as teacher having the masked person try to identify objects, etc. Reverse roles.

PRESENTATION

Slide/tape -
"A Little Bit More than Love"

or

Filmstrip -
Early Childhood Mainstreaming Series:
"Visual Impairments"

or

Guest Speaker -
(possibly a mobility specialist from the Special Education Department of the School System's Central office)
Orientation and Mobility

HandoutS -
Visually Impaired
Braille

POINTS TO EMPHASIZE

1. Some people who are legally blind actually may have enough sight to learn colors or even be able to read.
2. Getting around is a major problem for the visually handicapped.
3. Even with some vision, visual concepts and tasks may be difficult and time consuming. High contrast materials can help the partially sighted.

PERIOD 2 :

ACTIVITY

Make 3 dimension folder games - making shapes, etc. out of textured fabrics.
Put braille markings on concept cards.
Make "smell" boxes.

FOLLOW-UP

VI Word Scramble
Visually Impaired Review

RESOURCES

Handouts

#25 Visually Impaired
#26 Braille

Follow-up

#27 VI Word Scramble
#28 Visually Impaired Review

Media

Early Childhood Mainstreaming Series (filmstrips)
Campus Film Distcributor Corp.
14 Madison Avenue, P.O. Box 206
Valhalla, NY 10595

A Little Bit More Than Love (slide/tape)
American Foundation for the Blind
Department of Public Communication
15 West 16th Street
New York, NY 10011

Kids Come in Special Flavors Company
P.O. Box 562
Dayton, OH 45405

Books

Mainstreaming Preschoolers:
Children with Visual Handicaps
Project Head Start
Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402
Stock Number 017-092-00030-8
or contact your Outreach Coordinator of
Head Start

New Friends:
Mainstreaming Activities to Help Young Children
Understand and Accept Individual Difference
Chapel Hill Training Outreach Project
Lincoln Center
Merrit Mill Road
Chapel Hill, NC 27514

25 Handout

VISUALLY IMPAIRED

DEFINITIONS

A. **PARTIALLY SIGHTED** - refers to individuals who have vision problems but who still have enough vision to learn to read print. This may include some individuals who are classified as legally blind. In addition to acuity vision, impairment may refer to a narrow field of vision or problems in the movement of the eye.

B. **LEGALLY BLIND** - visual acuity measured at no better than 20/200 corrected, in the better eye. It can also refer to a restricted field of vision.

EDUCATIONAL BLINDNESS - refers to individuals who cannot learn to read print due to vision deficits (mostly learn to use braille); the individual may see some light or forms, however, which they can use to enhance their ability to travel.

C. **MOST COMMON PROBLEMS**

1. Mobility (getting around safely).
2. Understanding visual concepts (colors, letters, etc.)
3. Dependence on others.
4. Lack of spatial orientation; lack of awareness of self and others.
5. Visual perception - may only see parts.
6. Parents may believe children's vision cannot be checked at an early age.

D. **PROFESSIONALS**

Opthamologist - M.D. specializing in diseases of the eye.
Optometrist - professional trained in evaluating and correcting problems of visual acuity.
Optician - craftsman skilled in making eye glasses.

CHARACTERISTICS OF CHILDREN WITH VISION PROBLEMS

A. PHYSICAL APPEARANCES

1. Wandering eye or opaque coloring.
2. Encrusted eyelids or frequent styes.
3. Squinting, blinking, facial distortions.
4. Eyes are bloodshot, red or water frequently.
5. Tilts head to one side.
6. Drooping eyelids.
7. Eye that does not "follow."

B. HEALTH INDICATORS

1. Complains of nausea, dizziness or headaches.
2. Complains eyes itch or burn; rubs eyes frequently.
3. Irritable, restless when doing work at close range (i.e., reading, puzzles).
4. Sensitivity to light.

C. CLASSROOM BEHAVIORS

1. Short attention span, especially when some distance from activity taking place.
2. Has difficulty with or avoids near-point tasks.
3. Covers one eye when looking at books or doing close work.
4. Holds books and objects very close to eyes.
5. Bumps into things when traveling.
6. Consistently reaches to the side of an object.
7. Tendency to confuse similar shapes and letters.
8. Relies on what has heard or done rather than what is shown.

* Lazy eye (amblyopia) is common in young children. It means that one eye does all the work and the other does not follow. To correct this doctors often have children wear a patch over the "good" eye.

GOALS OF THE PRESCHOOL

1. To learn to utilize residual vision to the best advantage.
2. Help the child learn to navigate within the environment.
3. Develop attending and listening behaviors.
4. Develop social and self-help skills.
5. Develop a good self-concept.
6. Develop language to facilitate communication abilities.

GENERAL SUGGESTIONS

1. Use large, clear, uncluttered pictures.
2. Seat the child where he can see best. Usually seating should be with knees higher than hips and materials high enough or on a slant board to facilitate good posture and ability to do fine motor tasks.
3. Describe objects and activities as thoroughly as possible.
4. Let the child feel shape, texture, etc., of objects.
5. Provide time for exploring the environment.
6. Describe changes in the environment and let the child examine the change.
7. Utilize the child's other senses in activities; use multi-sensory activities.
8. Be sure to respond to the child orally or with touch; never ignore him.
9. Give the child independence.
10. Rocking and other "blindisms" may mean boredom - evaluate the situation.
11. Use materials with high contrast.
12. Use landmarks in giving direction such as "Get the pencil on my desk" instead of "Get the pencil over there."

REMEMBER: MOST VISUALLY IMPAIRED PEOPLE HAVE SOME VISION WHICH CAN BE USED!

ACTIVITIES

1. Use playdough to make things. This material allows the child to be creative and yet to feel his end product. Glue, sand or pinpricks can also be utilized.
2. Use a "Sound Box" or record to learn to classify objects. A "Feely Box" for touch would also be an altenative or "Smelling Jars."
3. Make three-dimensional shapes and numbers. Texture-matching puzzles, etc. are available commercially.
4. Use magnifying glasses to look at things.
5. To help them understand. Using light blindfolds and close supervision, have the children (a) guess an object described to them (b) guess an object they're holding, (c) in a limited area have children find specific objects.

#26 Handout

Braille Alphabet and Numerals

a	b	c	d	e	f	g	h	i	j	k	l	m
⠁	⠃	⠉	⠙	⠑	⠋	⠛	⠓	⠊	⠚	⠅	⠇	⠍

n	o	p	q	r	s	t	u	v	w	x	y	z
⠝	⠕	⠏	⠟	⠗	⠎	⠞	⠥	⠧	⠺	⠭	⠽	⠵

Capital Sign	Number Sign	Period	Comma
⠠	⠼	⠲	⠂

The six dots of braille cell are arranged and numbered: ⠿

The capital sign, dot 6, ⠠
placed before a letter makes a capital letter.

The number sign, dots 3, 4, 5, 6, ⠼
placed before a character, makes a number:
a preceded by the number sign is 1, b is 2, etc.

dots are raised

National Library Service
for the Blind and Physically Handicapped
Library of Congress
Washington, D.C. 20542

#27 **Handout**

WORD SCRAMBLE

Laptyrail digtesh - have vision problems but have enough vision to learn to read print.

nildb - individuals who cannot learn to read print (may see some light or forms).

segalss - may assist individuals with vision problems to see better.

tilobymi - common problem of visually impaired.

tipsaal titaonioren - a lack frequently had by visually impaired children. It refers to the perception of distance and space.

ptmooolhhaisgt - medical doctor dealing with eye diseases.

mlypaboia - wandering eye; common in young children.

#27A Teacher Key

KEY TO V.I. WORD SCRAMBLE

partially sighted

blind

glasses

mobility

spatial orientation

ophthamologist

amblyopia

'W 28 Handout

REVIEW

TRUE-FALSE

1. A visually impaired child

_____ will not have a short attention span.

_____ may complain of dizziness.

_____ is usually dependent on others.

_____ will not be able to see some light.

_____ will not have any abnormal physical appearances.

_____ holds objects close to eyes.

2. Explain four different ways to use texture, touching and feeling in activities for a visually impaired child.

#28A Teacher Key

KEY TO VISUALLY IMPAIRED REVIEW

1. false
   true
   false
   false
   false
   true

2. See V.I. handout

HEARING IMPAIRMENT

OBJECTIVES

Students will. . .

1. discuss the impact of hearing problems on language development.
2. explain the impact of middle ear infections on preschoolers.
3. list three suggestions for the teacher working with hearing impaired children.
4. list two activities to help hearing impaired preschoolers.
5. recognize behaviors which may indicate a hearing problem.

PERIOD 1:

INTRODUCTORY ACTIVITY

1. Listen to a tape that simulates a hearing problem. Discuss what students thought they heard. One sample would be to take the "Unfair Spelling Test" from Kids Come in Special Flavors.

2. Use ear plugs to listen to a record or tape of spoken words at low volume. Discuss what listeners thought they heard. Then play the record or tape at regular volume and listen without ear plugs. Compare results.

PRESENTATION

Filmstrip -
  Early Childhood Mainstreaming Series:
    "Hearing Impairments"

  or

School District Audiologistto discuss -
1. Impact of hearing problems on learning.
2. Effects of common ear problems in preschoolers.
3. Alternative communication systems and hearing aids.
4. Auditory Trainers/Audiometers.

Handouts -
  Hearing Impaired
  Hearing Aid Care/Finger Spelling

POINTS TO EMPHASIZE

Relationship of poor language and social skills to hearing problems.
Hearing aids make all sounds louder.
Importance of being where the child can see your face.
Common behaviors of the Hearing Impaired Child.
Ways to help the Hearing Impaired child be aware of the environment.

PERIOD 2:

ACTIVITIES

1. Have audiologist/speech teacher check high school students' hearing.

2. Learn use and care of hearing aids and auditory trainer for hearing impaired child; examine communication board.

3. Learn 9 words in sign language. (You, me, stop, yes, no, go, restroom, good)

FOLLOW-UP

Hidden Meanings (General Suggestions for Working with Hearing Impaired Children)

Review for Hearing Impaired

RESOURCES

Handouts (attached)
- #29 Hearing Impaired and Deaf
- #30 Care of Hearing Aid
- #31 Finger Spelling

Activities
- #32 Listening Games
- #33 Story Telling Evaluation

Follow-up
- #34 General Suggestions Puzzle
- #35 Review for Hearing Impaired

Media

Early Childhood Mainstreaming Series (filmstrips)
Campus Film Distributor Corp.
14 Madison Avenue, P.O. Box 206
Valhalla, NY 10595

Kids Come in Special Flavors Company
P.O. Box 562
Dayton, OH 45405

Goldman Fristoe Woodcock
(Tape of Background Noises0
Publishers Building
Circle Pines, MN 55014

Books

Mainstreaming Preschoolers:
Children with Hearing Impairment
Project Head Start
Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402
Stock Number 105-76-1139
or contact your Outreach Coordinator of
Head Start

New Friends:
Mainstreaming Activities to Help Young Children
Understand and Accept Individual Difference
Chapel Hill Training Outreach Project
Lincoln Center
Merrit Mill Road
Chapel Hill, NC 27514

#29 **Handout**

HEARING IMPAIRED AND DEAF

(Auditorily Impaired)

DEFINITIONS

A. **DEAFNESS** - when hearing is so impaired that even with a hearing aid it cannot be used for ordinary daily activities.

  Postlanguage deafness - deaf after language developed; probably can learn to speak fairly well.

  Pre-language deafness - deaf before language developed will have extreme difficulty learning to speak.

B. **HEARING IMPAIRED** - difficulty in receiving sound in one or both of the following ways:

  1. Sounds may not be loud enough.
  2. Sounds may be distorted.

C. **CONDUCTIVE HEARING LOSS** - mild to moderate hearing loss usually due to a medically treatable middle ear condition. This hearing loss, often due to frequent infections, can have a significant effect on social and learning behaviors.

MOST COMMON PROBLEMS

1. Lack of hearing.
2. Poor speech and language.
3. Poor social skills

#29 Handout (continued)

CHARACTERISTICS OF CHILDREN WITH HEARING PROBLEMS

A. PHYSICAL PROBLEMS

1. Malformation of the ear (some individuals have no outer ears (earlobe) - happens infrequently.
2. An ear that is draining and may have a strong odor.
3. An encrusted substance near the ear canal.

B. HEALTH INDICATIONS

1. Complains of earaches.
2. Complains of nausea or dizziness.
3. Appears to have frequent colds.
4. A child with possible allergies.
5. Complains of ringing in the ears.

C. SPEECH BEHAVIORS

1. Speech misarticulations - inability to pronounce words correctly.
2. Voice is nasal or monotone.
3. Voice level is exceptionally loud or soft.

D. CLASSROOM BEHAVIORS

1. Easily distracted.
2. Appears to be a daydreamer; inattentive.
3. A student with behavior problems.
4. Complains of hearing difficulty.
5. Turns head to one side in order to hear.
6. Cups hand to ear in order to hear.
7. Often asks the teacher to repeat things that are generally heard by other classmates.
8. Looks intently at the face of a person who's talking.
9. A student who is eager to please, i.e., says "yes" when asked if he understands and yet his work or action does not support this.
10. Constantly watches other classmates for clues as to what books to get out, page to read, etc.

GOALS OF THE PRESCHOOL

1. To help the child develop socialization skills - sharing, playing, taking turns.
2. To develop language (oral or manual), speech and speech reading ability.
3. Help the child learn to use his residual hearing through the use of hearing aids or amplified sounds.
4. Helping the child develop readiness skills in reading and number concepts.

GENERAL SUGGESTIONS

1. Make visual clues available to the child.
2. Avoid talking with your back to the class.
3. Use your voice and other auditory signals to get the child's attention.
4. Develop an attitude of being ready to listen.
5. Speak clearly, face-to-face and in a normal voice.
6. Do not exaggerate lip movements.
7. Talk to the child to increase vocabulary; encourage the child to speak for himself.
8. Use short sentences and phrases. Repeat what you say. Add more clues if the child seems to be puzzled.
9. Don't overuse gestures, but do use them and use inflection in your voice.
10. Be aware of student fatigue - the child will tire easily, especially in auditory activities.
11. Take care of the hearing aid. (See attachment)
12. Give the child activities to help develop self-concept and responsibility.
13. Encourage the child to participate in oral discussions.
14. Praise the child when he correctly pronounces words with which he has previously had difficulty.
15. Seat the child so he can see and so that he is not looking into the light or at shadows.
16. Allow the child to look to see what others are doing. This will help him to clarify instructions that were given.
17. Talk with the child and other children about his hearing loss and hearing aid(s).
18. Never assume the child has heard or understands what has been said just because he nods "yes."

**REMEMBER: HEARING AIDS MAKE ALL SOUND LOUDER,
NOT JUST SPEECH SOUNDS.**

ACTIVITIES

1. Learning about vibrations - have the child experiment with objects by making sounds and feeling the vibrations. Possible objects: tuning fork, drum, records of the bass beat from loud music, door slamming, etc.

2. Move to slow and fast music.

3. Do you know? Out of sight or with a blindfold on, have the child listen to familiar sounds and tell you what they are. (Use bells, horns, whistles, etc.)

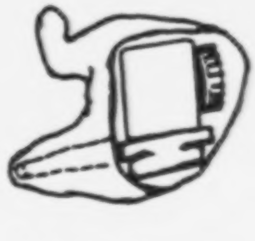
4. Make loud and soft noises by striking different objects on a hard surface. Ex: nails, feathers, socks stuffed with cotton, plastic spoon, metal spoon. Discuss.

5. To help other children understand, play a record softly for several minutes while the children cover their ears or play it at the wrong speed. Talk about how they feel about not being able to understand what is being said.

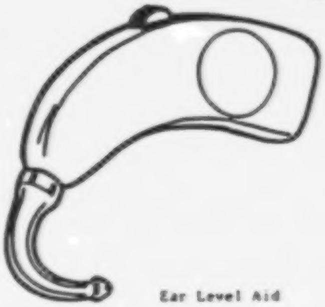
30 Handout

CARE OF THE HEARING AID

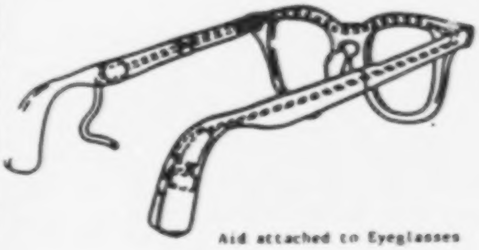
TYPES OF HEARING AIDS



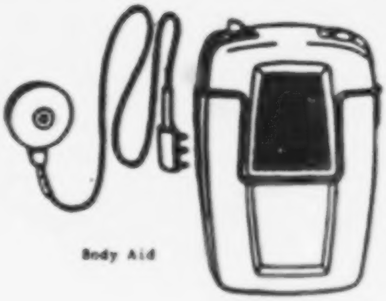
In-the-ear Aid



Ear Level Aid



Aid attached to Eyeglasses



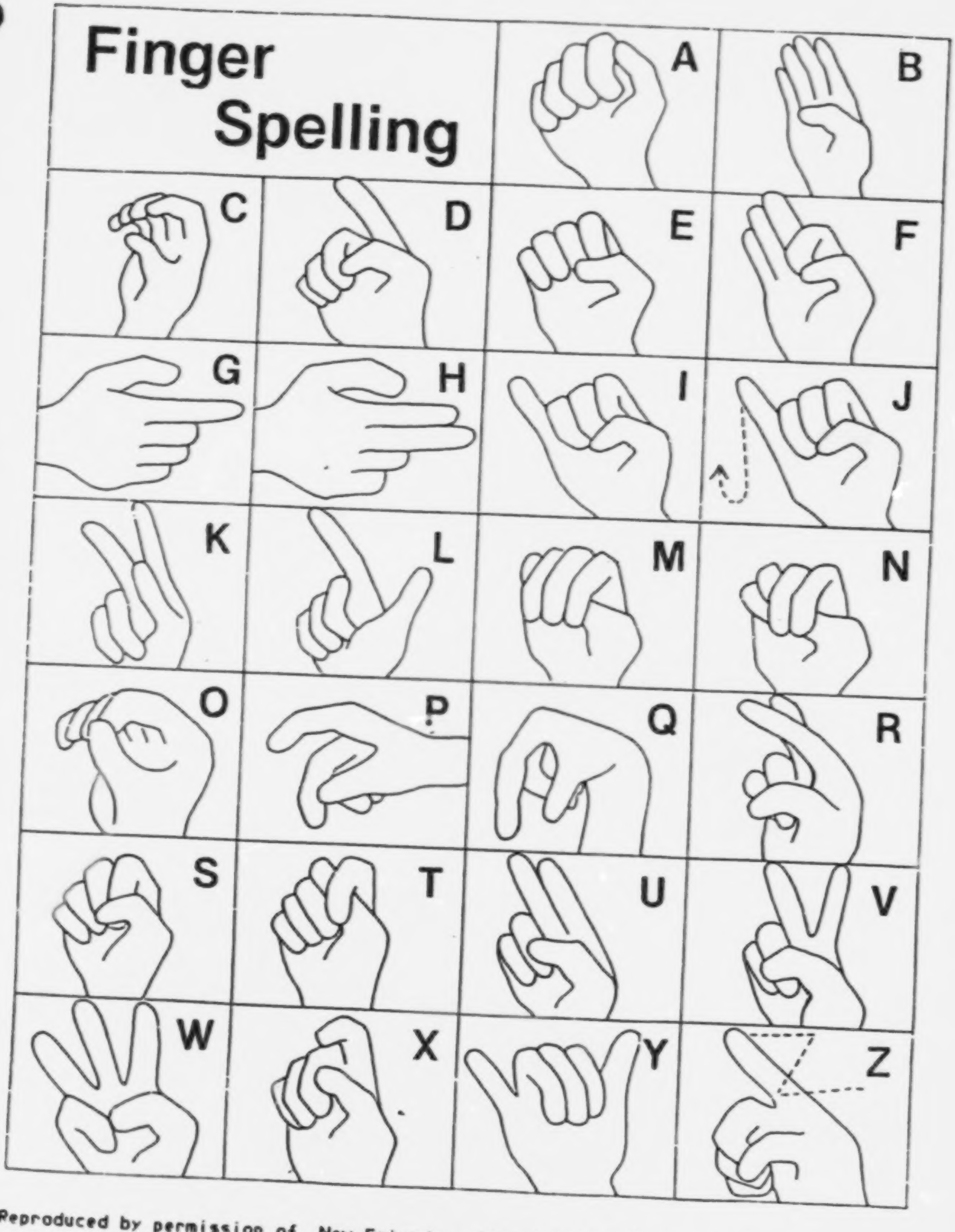
Body Aid

1. Do not get the hearing aid wet.
2. Do not leave it in very hot or very cold places or it may be damaged.
3. The child should not wear the hearing aid microphone too close to the receiver.
4. Turn the hearing aid off before you take it out of the ear; if you don't, it will squeal.

If the hearing aid is not working:

1. Check the battery to see that it is not dead. The teacher will change it if necessary. Batteries should be changed whenever necessary.
2. Make sure the battery is in correctly (with positive and negative ends in the right places.
3. Be sure the plug-in points are not loose on both the aid and the receiver.
4. Check the cord to be sure it isn't worn or broken.
5. Check the receiver to see it it's cracked.
6. Do not take the hearing aid apart. If it needs repair leave it to someone trained to do it.

© [illegible] SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM [illegible]


Finger Spelling
A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

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#32 Handout

LISTENING GAMES

Do This - The teacher initiates the game by tapping on the table or toy drum. An example might be one long and two short taps. She says, "Do This." A child imitates the sounds. After some practices a child may be the leader.

Finding the Ball - One child leaves the room. Another child is given a small bell to be held loosely. When the child enters the room all the children wave their hands until the child locates the bell.

Tick! Tock! Where is the Clock? - Hide a loudly ticking clock. Ask the children "Tick! Tock! Where is the Clock?" Two or three children are chosen to hunt it. The child who finds it hides it again.

Telephone Game - A short message is whispered from the teacher to the first child and then from child to child around a circle. The last child repeats what he heard aloud. If the message has changed, it may be traced back to see where the changes were made.

Listen and Tell - The children close their eyes and listen. Then they tell what they hear.

What is It? - A child imitates the sound of animals or machines and asks "What is It?" The child who is able to identify the sound is "it" next.

Mother Cat and Kittens - The child who is Mother chooses three kittens. Mother Cat covers her eyes. The kittens hide. Mother Cat locates her kittens by listening to their meows.

Horses and Ponies Game - Children choose to be either a horse or a pony. When the music is played in the higher octaves, the ponies prance. When the low octaves are used, the horses trot. Occasionally the teacher "plays a joke on us" and uses both high and low counts.

Giving Directions Game - The teacher gives oral directions involving first two or three things. As listening skills improve, more things may be added. One child is to follow the directions. The other children watch to see if the child does it all. If he forgets, another child tries. Examples of these directions might be: put a pencil on the table, hop around the room and then stand by the table.

Telling Story Game - The teacher tells a story of two or three sentences. A child retells the story.

[illegible]

32 Handout (continued)

Add a Word - The teacher names two or three words that begin alike. The child must add a word beginning with the same sound.

What Did I Do? - The children sit in a semicircle. One child goes behind and performs some action like skipping, hopping, sliding, clapping, etc. He goes before the group and asks, "What Did I Do?" The child who answers correctly performs the next action.

Identifying Objects Game - The children form a semicircle. The teacher sits behind a screen. She will have such objects as a pin, paper clip, rubber ball, pencil, drum, tiny pan, rattle, triangle, toy telephone. The children close their eyes and try to identify the sounds made by the objects as they are dropped.

What Did I Draw Game - The children are to put their heads down, close their eyes, and listen to the sounds. The teacher will draw triangles, rectangles, sun, rain, etc. She may redraw the object if necessary.

Jack-in-the-Box Game - Children curl up in a ball as if in a box. They and/or the teacher sing or say "Jack is quiet down in his box until someone opens the lid...'POP'." Children jump up on the "POP." Variation in the pauses before the pop necessitates careful listening and is more fun.

33 Handout

STORYTELLING TO A GROUP OF CHILDREN

1. APPROPRIATE STORY FOR AGES OF CHILDREN

5	4	3	2	1
excellent	good	average	poor	unacceptable

2. PREPAREDNESS

5	4	3	2	1
well prepared. knows story well	fairly well prepared	familiar with story	inadequately prepared	unprepared

3. INTRODUCTION

5	4	3	2	1
gets children's interest and sets the stage	gets attention and tries to set the stage	gets attention and gives story title	gives story title	no introduction

4. ENUNCIATION

5	4	3	2	1
speaks clearly, easily understood	clear	not consistently clear	too often unclear	mumbles

5. EXPRESSION

5	4	3	2	1
excellent voice variations	appropriate voice variations	some variation in voice	little change in voice	monotone

6. INTERACTION WITH GROUP

5	4	3	2	1
involves group with story; good control	tries to involve group; adequate control	aware of group's needs but inadequate response	little awareness; poor control	group control lost

7. POSITION OF STORYTELLER IN RELATION TO GROUP

5	4	3	2	1
sits so story is enhanced for all children	changes position so all children can see	most of the children can see most of the time	difficult for children to see	children cannot see

8. VISUAL AIDS (INCLUDES STORYBOOK)

5	4	3	2	1
eye catching, enhances presentation	interesting	adequate	ineffective	not used

9. CONCLUSION OF STORY

5	4	3	2	1
sums up story and leads discussion	sums up story and tries to lead discussion	sums up story	indicates story is finished	just ends story

10. OVERALL PRESENTATION

5	4	3	2	1
WOW!	GOOD	O.K.	BORING	UGH!

TOTAL ______

[illegible]

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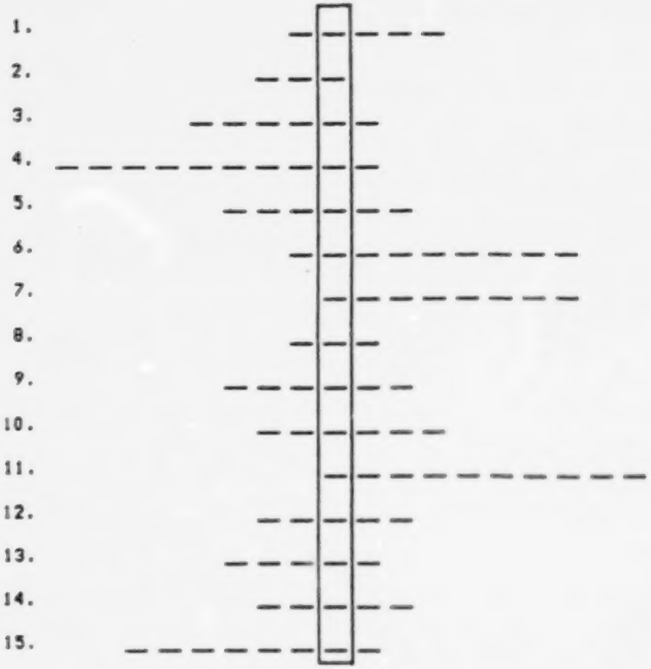
34 Handout

HIDDEN MEANINGS:
GENERAL SUGGESTIONS FOR WORKING WITH HEARING IMPAIRED CHILDREN

Fill in the blanks in the sentences below, then write your answers in the blank next to the corresponding numbers.

The circled letters will contain the mystery answer.

1. Use ________________ sentences and phrases.
2. Seat the child so he can ________________.
3. Make________________cues available.
4. Talk to the child to increase __________.
5. ________________when words are pronounced correctly.
6. ________________child to speak.
7. ________________may help, but don't overuse.
8. Take care of the hearing________________.
9. Speak clearly in a ________________voice.
10. ________________phrase if child doesn't understand.
11. Plan________________to help develop self-concept.
12. Use inflection in your________________.
13. Be________________of child's fatigue.
14. ________________face-to-face.
15. Develop an________________of being ready to listen.



Mystery Answer

A child who is __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ will have difficulty hearing becauses the sound may be distorted or the sound may not be loud enough.

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#34A Teacher Key

KEY TO HIDDEN MEANINGS: HEARING IMPAIRED

1. SHORT
2. SEE
3. VISUAL
4. VOCABULARY
5. PRAISE
6. ENCOURAGE
7. GESTURES
8. AID
9. NORMAL
10. REPEAT
11. ACTIVITIES
12. VOICE
13. AWARE
14. SPEAK
15. ATTITUDE

Mystery Answer

A child who is HEARINGIMPAIRED will have difficulty hearing becauses the sound may be distorted or the sound may not be loud enough.

#35 Handout

REVIEW FOR HEARING IMPAIRED

1. How does not being able to hear affect a child's language development?

2. What is the impact of middle ear infections on preschoolers?

3. Give two activities to do with children who have hearing problems in the preschool.

4. Check the behaviors which indicate a hearing problem may exist:

_____ eager to please; work completed correctly

_____ inattentive

_____ cocks head to one side

_____ squints

_____ watches face of person who is talking

_____ poor language development

_____ turns to every noise

#35A Teacher Key

KEY TO REVIEW FOR HEARING IMPAIRED

1. Language is developed through modeling and repeating what one hears. If one doesn't hear, this process of learning is slowed.

2. Frequent middle ear infections inhibit hearing, thus making it difficult for children to learn language and concepts presented orally.

3. -
   x
   x
   -
   x
   x
   -

SCREENING & OBSERVATIONS

OBJECTIVES

Students will. . .

1. state why you screen a child.
2. state the difference between evaluation and screening.
3. tell the importance of following the directions precisely.
4. name one agency which screens preschool children for developmental/learning problems.

PERIOD I

INTRODUCTORY ACTIVITY

Have high school students participate as "child" for various parts of one screening. Invite specialists to conduct "screening."

PRESENTATION

Guest Speaker -
Individual involved in preschool screening for the school district or other agency. Have the person train students for screening.

Handout -
Screening Guidelines
Sample Screening Instruments
Sample Observations

POINTS TO EMPHASIZE

1. Screening is only a first step in evaluation. Evaluation is comprehensive.
2. Referring a child for screening when there are concerns about his growth and abilities is essential.
3. Following directions exactly when using a screening test insure reliability.
4. Observing the child in and out of the testing situation can tell you alot about the child.
5. Locating the right agency is the first step in making a referral.

PERIOD 2

ACTIVITY

Practice giving Screening Test and Scoring the test with each other.

FOLLOW-UP

Have students screen preschool children in the class.
Word Search Review

RESOURCES

Child Find Specialist
Staffing Specialist
School Guidance Counselor
Health and Rehabilitative Services (HRS) Representative

Media
Preschool Screening System Filmstrip
ERIN (Early Recognition Intervention Network)
376 Bridge Street
Dedham, MA 02026

Handouts
#36 Screening Guidelines
Sample Preschool Screening System Response Sheet
#37 Sample Observations

Follow-up
#38 Word Search for Screening

# 36 Handout

SCREENING GUIDELINES

CHOOSE YOUR TEST FOR:

- -- Reliability of results
- -- Covers the areas you want to cover
  (usually several areas of child development)
- -- Appropriate to age of children you're seeing
- -- Ease and time of administration

ESTABLISH rapport with the child before testing.

GIVE testing as it's supposed to be given:

- -- Follow directions precisely.
- -- Do not give extra clues.
- -- Encourage child but do not tell him if he's right or wrong

OBSERVE the child as he takes the test

REMEMBER :

1. Screening only can indicate the need for more testing; it does not say there is a problem, only that there might be.

2. Most school districts and some health agencies have free screening programs for young children.

3. If you suspect a problem, places you can contact include:
   - Child Find (usually part of the school district)
   - March of Dimes
   - Health and Rehabilitative Services (HRs)
   - Easter Seals
   - Hospital Clinics

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Sample
#36 Handout
(continued)

PRESCHOOL SCREENING SYSTEM
CHILD RECORD FORM

REVISED 1980 FOR CHILDREN 2^6 to 5^9

Child's Name ______________ Sex ____

Address ______________

Examiner ______________ Place ______________

Sample

	year	month	day
Test Date			
Birth Date			
Age			

SCORING SUMMARY

BASIC FORM

(✓) **DECISION:** Child OK ____ Rescreen Child ____
Use PSS Clusters ____ Assess Program Need ____

CHILD RECORD FORM

	Raw Score	% Range	Norm Tables From Manual
TOTAL PSS SCORE	–		__ grade p __ __ age p __

DEVELOPMENTAL QUESTIONNAIRE
(Associated Parent Data)

	Raw Score	% Range
Behavioral Characteristics	____	____
Medical History	____	____
Developmental History	____	____

ALTERNATE FORMS

Scored on page 3	Raw Score	% Range
SHORT FORM TOTAL Prescreen, follow with Total PSS if needed	____	____
NON-LANGUAGE TOTAL For non-English speaking or non-verbal child	____	____

CLUSTER SCORE ANALYSIS or DEVELOPMENTAL AGE SCORES
(scored on page 4)
Follow-up on at-risk children

TEST OBSERVATIONS

Check one for each category:

BODY AWARENESS/CONTROL: precise ___ OK ___
not efficient in body movement ___

VISUAL-PERCEPTUAL-MOTOR:

Eye Control: follows easily ___ imprecise ___
rubs eyes/other problems (describe) ___

Hand Use: right ___ left ___ both ___
fisted/unusual pencil grasp ___

LANGUAGE SKILLS:

Understanding: experiences no difficulty ___
seems not to get directions at times ___

Speech: clear ___ partially clear ___
unclear ___

Check where applicable:

SOCIAL SKILLS:
___ couldn't separate from mother
___ needed much help
___ silly ___ babyish ___ unresponsive
___ fearful ___ cried ___ strong willed

SELF-ORGANIZATION:
___ overactive ___ too talkative
___ impulsive ___ distractible
___ doesn't listen/attend ___ overly controlled

OTHER:
___ test took excessively long
___ child sleepy or sick
___ mother helped child during test
___ examiner thought child could do better
___ passive or active resistance to test

TEST ADMINISTRATION

NOTE WITH CHILDREN 2-6 to 4-3...
START WITH FIRST SUBTEST ITEM in each subtest section (9 subtests begin in a green field, 6 in white)

NOTE WITH CHILDREN 4-4 to 5-9...
START WITH WHITE SECTION of each subtest; do not add in scores from green sections

Scoring	GENERAL INFORMATION
0 1 2	What is your name? *first & last = 2, first = 1*
0 1 2	How old are you? *says correctly = 2* *holds up fingers correctly = 1*
	GI SUBTOTAL

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BODY AWARENESS & CONTROL SUBTESTS

MOVEMENT PATTERNS

Scoring	
0 1	**Jumps, feet together**
0 1 2 3	**Climbs, stands on, jumps off...chair**
0 1 2	Hops 5 times; *1 for doing each foot*

CLAPPING

0 1	**Clap-Clap (in front)**
0 1 2	**Up-Down;** ***number correct out of 2***
0 1 2	Slap-Clap-Clap; *no. correct out of 2*
0 1 2 3	Front-Front-Back *no. correct out of 3 in first trial, or 1 for any in second*
	----------------------------------*
0 1 2	Diagonal Claps; *no. correct out of 2*

BODY DIRECTIONS

0 1	**Put this block on top of your head**
0 1	**Stand behind your chair**
0 1	**Stand beside me**
0 1	Put this pencil in back of, then in front of you
0 1	Put this pencil above your head and then behind you
0 1	Put the pencil between us and then nearer to you
0 1	Take two steps forward and one step backwards
0 1	Take three steps toward me and then turn and face away from me
	----------------------------------*
0 1	Turn to your right
0 1	Touch your right ear with your left hand
0 1	Turn right, two steps backwards and then turn left

Sit Down!

FINGER PATTERNS

0 1	**Pick up penny**
0 1	**Touch index finger**
0 1	**Touch baby finger**
0 1	**Make a pointer**
0 1 2	Hands Separate - *1 for each hand*
0 1 2	Hands Together, Trial 1 *2 = under 7 seconds, 1 = 7" or over (1 for reverse pattern)*
0 1 2	Hands Together, Trial 2 *2 = under 7"; 1 = 7" or over (1 for reverse pattern)*
	----------------------------------*
0 1 2	Thumb to 2, 4, 3, 5. *(Do only if child got one Hands Together trial correct, 1 or 2 points.) 2 = under 7"; 1 = 7" or over*
	BODY AWARENESS & CONTROL SUBTOTAL

VISUAL-PERCEPTUAL-MOTOR SUBTESTS

COPY SHAPES

Scoring		
0 1	Vertical line	*Score from examples in the manual*
0 1	Horizontal line	
0 1	Circle	
0 1	Cross	
0 1 2	Circle	*Score from examples in the manual*
0 1 2	Square	
0 1 2	Spacing	

VISUAL INTEGRATION

0 1	______________ *House (garage, rocket)*
0 1	______________ *Any animal*
0 1	______________ *See manual for answers*
0 1	Find the sun ________
0 1	Find the cat ________

SPATIAL DIRECTIONS

0 1	**Put the penny on the box** ***(put penny in hand if necessary)***
0 1	**Put the penny under the box**
0 1	**Put the penny and the pencil beside the box**
0 1	Draw a ball inside the box
0 1	Draw a ball above the box
0 1	Draw a big circle and put a little one up on top of it
0 1	Draw a line from the bottom of the page to the box
0 1	Draw a line from the right hand side of the page to the box
	----------------------------------*
0 1	Draw an X in the upper left hand corner of the page
0 1	Draw a smaller X between this one and the box, and put a line under it
0 1	Turn your page over, draw an X, put a circle beside the X and then draw a square around both

DRAW A PERSON

☐	*Score from checklist in manual*
	VISUAL-PERCEPTUAL-MOTOR SUBTOTAL

Examiners Notes:

* Items below line difficult for young child

LANGUAGE SUBTESTS

SERIAL COUNTING

Scoring	
0 1	Forward to 3
0 1 2 3	Forwards 1 - 10 3 = *under 7 seconds* *2 = 7" or over, 1 = count 1-5)*
0 1 2 3	Backwards 10 - 1 (*3 = under 7",* *2 = 7" or over, 1 = count 5 - 1)*
0 1 2	Count to 10 by 2's *2 = without help* *1 = examiner prompting 2, 4*

PHRASES

0 1	Run Rabbit
0 1	Poor Bo-Peep
0 1	Bobby's Baby Book
0 1	Ah-Man-Ee
0 1	Laudy-Tu-Dum
0 1	Tum Tittee Um Tum Tum
0 1	Above and Below
0 1	Behind and Ahead
0 1	Intercontinental

SENTENCES

Please pass the meat and peas (6)....

In the first inning,
Tom hit the ball (8)..............

Joan and Jane had a
chocolate sundae
after the movie yesterday(11).....

Child's Total (words)_____

Conversion Scores (CS)

ages 2-6 to 4-3 Child's Total	*ages 4-4 to 5-9* Child's Total
0 = 0	0 - 4 = 0
1 - 4 = 1	5 - 9 = 1
5 - 7 = 2	10 - 12 = 2
8 - 9 = 3	13 - 15 = 3
10 - 11 = 4	16 - 20 = 4
12 - 13 = 5	21 - 22 = 5
14 - 15 = 6	23 = 6
16 - 19 = 7	24 = 7
20 - 25 = 8	25 = 8

CS ☐

VERBAL REASONING

0 1	Mommy is a woman, Daddy is a ________
0 1	A refrigerator is cold, a stove ________
0 1	You look with your eyes, you listen____
0 1	Boys can jump, they also can________
0 1	A floor is hard, a bed is ________
0 1	A cat and a dog are both________
0 1	You and I walk, a bird________
0 1	A ball, a truck and a doll________
0 1	A bed is inside, a tree is________
0 1 2	A bird flies over the water, a fish____
	LANGUAGE SUBTOTAL

OTHER SUBTESTS

QUANTITY RECOGNITION

Scoring	
0 1	Two fingers
0 1	Five fingers
0 1	Three fingers

READ SHAPES

0 1	________________(*"x", cross)*
0 1	________________(*circle, 0)*
0 1	________________(*line, I, L, 1)*
0 1	________________(*square, rectangle)*
0 1	________________(*triangle)*
	QR & RS SUBTOTAL

Add for PSS Total

____General Information (p1, to 2^6-4^3)

____Body Awareness & Control (p2, column 1)

____Visual-Perceptual-Motor (p2, column 2)

____Language (p3, column 1)

____Other subtests (QR & RS)

☐ **TOTAL PSS SCORE** (CHECK YOUR ADDITION)

▶ Compute Short Form & Non-Language Totals

Body Directions ___	Movement Patterns ___
Copy Shapes ___	Clapping ___
Serial Counting ___	Finger Patterns ___
Sentences ___	Copy Shapes ___
Verbal Reasoning___	Draw-A-Person ___
SHORT FORM ☐	**NON-LANGUAGE** ☐

▶ Compute Imitation & Learned Skill Totals

Movement Patterns___	General Information ___
Clapping ___	Serial Counting ___
Finger Patterns ___	Verbal Reasoning ___
Phrases ___	Quantity Recognition___
Sentences ___	Read Shapes ___
IMITATION ☐	**LEARNED SKILLS** ☐

CLUSTER SCORE ANALYSIS (see page 4)

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PSS BREAKDOWN & PROFILE OF LEARNING SKILLS/EXPERIENCES

	MODALITY Clusters			EXPERIENCE Clusters		PARENT	TOTAL	
SKILL AREA	BAC	VPM	Language	Imitation	Learned Skills	Beh. Char.	PSS	SKILL AREA
RAW SCORE								RAW SCORE
CLUSTER SCORE								CLUSTER SCORE
90-99 10								10 90-99
80-89 9								9 80-89
70-79 8								8 70-79
60-69 7								7 60-69
50-59 6								6 50-59
40-49 5								5 40-49
30-39 4								4 30-39
20-29 3								3 20-29
10-19 2								2 10-19
0-9 1								1 0-9

PSS END OF YEAR REVIEW OF CHILD'S DEVELOPMENTAL PROGRESS

STEP 1: For PRE TEST (left column below) and POST TEST (right column), transfer the Child's CA or Chronological Age (from the top right hand corner of page 1 of the Child Record Form), and the Total PSS Score (from the Score Summary also on page 1). Then look up the DA or Developmental Age from the Orange tables in the manual, and put this number in the DA box for both the pre and post tests.
Note: both the DA and CA are in months (i.e., 4 years-4 months = 52 months).

☐ PRE TEST CA (Chronological Age) ☐ POST TEST CA (Chronological Age in months)

____ PRE TEST Total PSS Score ____ POST TEST Total PSS Score (same age form of test as at Pre)

☐ PRE TEST DA (Developmental Age) ☐ POST TEST DA (Developmental Age)

STEP 2: Calculate the EXPECTED POST TEST DA (Developmental Age) as follows:

EXPECTED POST TEST DA = $\frac{\text{PRE TEST DA}}{\text{PRE TEST CA}}$ X POST TEST CA = $\frac{(\qquad)}{(\qquad)}$ X ( ) = ________ = ○

STEP 3: Compute the DI (Developmental Increase) of the child due to your program; note that this increase represents the extra months of growth corrected for child's rate of growth.

DI = POST TEST DA minus EXPECTED POST TEST DA = ( ) - ( ) = ☐*

*This DI Score is suggestive only for one child; but for a group of children of 10 or more this is a good indicator of the effects of the program. Use formula in Section Nine of the manual to compute the gains of the group as a result of the children's program.

IN 37 Handout

SAMPLE OBSERVATIONS

Observations are important because they tell you about the child's every day behavior in normal, rather than test, settings. You can buy observation materials or you can make your own. In either case be sure that when you observe you:

- are systematic
- know what you want to observe
- how you plan to record the behavior
- are aware of causes/environment as well as the behavior itself
- know how you want to use the information

Some types of observations are described below. The type of information you want will help determine the type of observation you do.

1. Specimen Records -
   - In a set period of time you record everything the child does and everything related to the behavior.
   - Video recording can be helpful here.

     Ex: Johnny sat in his seat playing with a puzzle for 5 minutes, then thres a piece at Jamie. Teacher told him to get the piece he threw. Johnny orally refused, got out of the chair, picked up piece, and threw it at puzzle saying "Dumb Puzzle"; then he walked away and took 2 books off the bookshelf.

2. Time Sampling (Signs) -
   - Select certain behaviors you wish to observe.
   - In a set period of time at a set interval (every minute, every 30 seconds, etc.) you record the behavior and/or setting at that moment.

     Ex: in seat
     attending to taks
     speaking (as asked)
     speaking (not asked)

3. Event Sampling -
   - Record the number of times a particular behavior (set of behaviors) occur during a particular time period.

37 Handout (continued)

Ex: out of seat (inappropriate)
looking around room
throwing puzzle piece

4. **Anecdotal Records -**
   - Note of activity/event/behavior of a child that has occurred.
   - Not systematic.

   Ex: Today Johnny had a good day and even finished the 30-piece puzzle.

i#38 **Handout**

SCREENING AND OBSERVATION WORDSEARCH

```
Z V U A C S V D W K L E E N R O P A R R
R K O B S E R V A T I O N B A P V N K L
E P R O B L E M S L N U D H P S S E F T
C Q U O T G Y L T L V V T S P L A C R M
O D A Q J M Z Q Z I N A G V O R X D D B
M K Y O C T T J S S A Y X B R H P O M I
M K N G O I T S P C C X T M T X X T Q J
E S F Z X M L M Y R J R H H X J M E U K
N P K Z G E P B C J I T E S M F G I F A
D Y F U X S T F F H A B I E T F S K U C
S U P V O A M A O G I Z Q P N R S N Q M
A C S E A M R C H U N L I Z E I T R B M
N W V E I P E H T W E R D L P T N J K T
J V C T E L F L D V L H H F W I D G K W
T V J E T I E S W X C J Z Z I A I Q S N
R F Z Z A N R B Y Q F V M S D N C Z H Z
X P D O A G R O J V S P P H J E D A Q V
R I D D X V A C A D I R E C T I O N S Z
M O O Q L J L C G I Z K Z E A T W F L J
B U S F R W Q E M L O Z Q V R S X L S S
```

WORDS

SCREENING
DIRECTIONS
PROBLEMS
ANECDOTE

OBSERVATION
REFERRAL
RECOMMENDS

RAPPORT
CHILDFIND
TIMESAMPLING

#38A Teacher Key

KEY TO SCREENING AND OBSERVATION WORDSEARCH

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. . . . . . . . . . . . . . R . . A . .
R . O B S E R V A T I O N . A . . N . .
E P R O B L E M S . . . . . P . . E . .
C . . . . . . . . . . . . . P . . C . .
O . . . . . . . . . . . . . O . . D . .
M . . . . T . . . S . . . . R . . O . .
M . . . . I . . . . C . . . T . . T . .
E . . . . M . . . . . R . . . . . E . .
N . . . . E . . C . . . E . . . . . . .
D . . . . S . . . H . . . E . . . . . .
S . . . . A . . . . I . . . N . . . . .
. . . . . M R . . . . L . . . I . . . .
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. . . . . I E . . . . . . . I . . . . .
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REVIEW -- CHILD CARE I

OBJECTIVES

Students will review all previous handouts, information.

PERIODS 1 AND 2:

INTRODUCTORY ACTIVITY

1. -- Have the students work in pairs. Each pair of students draws from a bag one item representing a handicapping condition and makes sure the other students do not see it.
   -- Then each pair makes up a set of five clues so the other students can guess the handicap they are sharing. Clues come from the handout and should go from general to most specific.
   -- Item is not to be shown until last clue.

2. Items for the bag (with tags)
   Blindfold - Visually Impaired
   Hearing Aid - Hearing Impaired
   Road Sign saying "Slow" - Mentally Retarded
   Word Card saying
     (   ) - Learning Disabled
   Small Crutch - Physically Impaired
   Picture of Elmer Fudd - Speech and Language Impaired
           Comic Strip Character "Bill the Cat" or
           "fight" symbol   - Emotionally Handicapped

Discuss how the teacher should behave to encourage and assist each handicapped child (see "general suggestions" on each handout).

PRESENTATION

1. Present Preschool Classroom activities (actually or by description). Have the students determine for whom it would be good and for which handicapped child it helps the best. (Activity sheet attached.)

2. Give examples of handicapped children in different situations and ask for the resolution of the problems. (Situation handout.)

FOLLOW-UP

Crossword Puzzle Review
Matching Review

RESOURCES

- Handouts on Handicaps
  - #39 Activity Sheet
  - #40 Situations
- Follow-up
  - #41 Crossword Puzzle Review
  - #42 Matching Review

- Grab Bag
  - (You need to make)

#39 Handout

ACTIVITY SHEET

A. Which times of the day are best for helping the development of which handicapped child, and how?

Circle Time

Language Time

Outdoor Play

Art/Table Activities

Social Studies Field Trip

B. Below are listed some specific activities done in a preschool that are beneficial to all children. Children with what handicaps may need extra assistance, and why?

Building with Blocks

Making a Selection for Free Choice

Listening to a Story

Finding items in the room to play with

Following Designs with beads, blocks

[illegible]

#39A Teacher Key

KEY TO ACTIVITY SHEET

A. Which times of the day are best for helping the development of which handicapped child, and how?

Circle Time -

Language Delayed - gives time to share verbally and to listen.

Learning Handicapped - provides sequencing of time, activities.

Language Time -

Language Delayed Hearing Impaired Visually Impaired	Works on listening skills, concept development, language

Outdoor Play -

Physically Impaired - provides movement

Emotionally Disturbed - getting along with others

Art/Table Activities -

Physically Impaired - manipulative, finger dexterity

Visually Impaired - textures, use of materials

Learning Disabled - following directions, sequencing, staying in lines

Social Studies Field Trip -

Mentally Retarded Visually Impaired	learning about environment

B. Below are listed some specific activities done in a preschool that are beneficial to all children. Children with what handicaps may need extra assistance, and why?

Building with blocks - Physically Impaired - balance and physical control

Making a selection for Free Choice - Emotionally Disturbed - self-control and making decisions

Listening to a story - Language Delayed, Hearing Impaired - attention problems

Finding items in the room to play with - Visually Impaired - needs orientation

Following designs with beads, blocks - Learning Disabled - problems with sequencing.

#40 Handout

SITUATIONS

A. Mary is physically handicapped and wears braces. She is watching the children play "Captain, May I?" and says she wishes she could play, too. What do you do?

B. Jack has behavioral problems. He is playing with another boy when all of a sudden he starts screaming. What do you do?

C. You rearranged the room and your blind child, Jenny, just walked into a book shelf. What do you do?

D. Johnny wears hearing aids. How can you signal him to change activities without yelling at him or going over to him - especially when he isn't facing you?

E. Sam doesn't talk much but today he brought in a toy for Show 'n' Tell. How can you help him when it's his turn? (You aren't going to talk for him.)

#40A Teacher Key

KEY TO SITUATIONS

A. Encourage her to play. Assist "Captain" with giving her movements she can do.

B. Go over to him and try to stop the screaming either by attending to other boy's good behavior or by distracting Jack (depending on cause for screaming.) Once Jack is calm discuss the problem and alternative solutions.

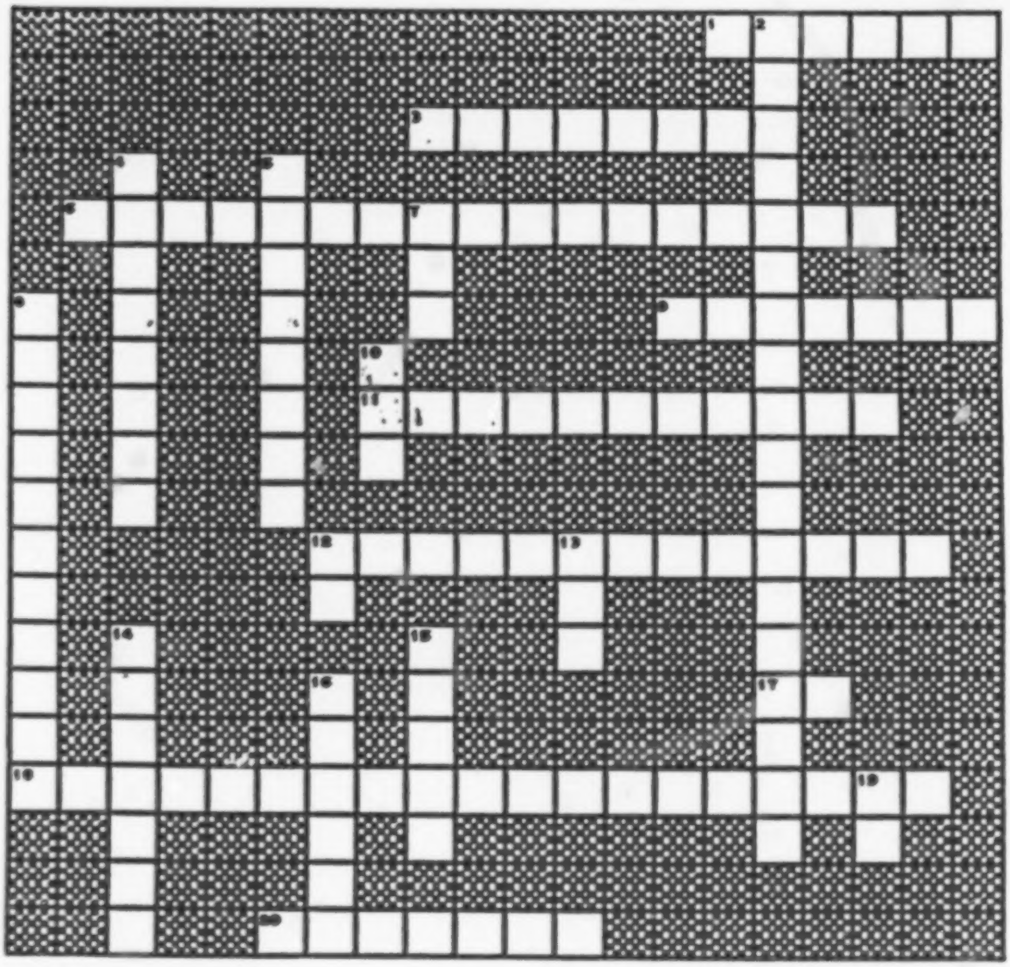
C. Take Jenny around the room, slowly, showing her where things are.
   Other ideas:
   1. use markers she can feel to show unobstructed paths
   2. give her a buddy to assist her.

D. Flip the lights on and off

E. Use simple questions to get him to talk
   Ex: What have you got? "Bunny"
   Did your mom give it to you? "Yes"
   Then praise him for responding and for sharing. Encourage him to walk around the circle and show it off.

# 41 Handout

HANDICAPS REVIEW CROSSWORD PUZZLE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[illegible]

#41 Handout (continued)

ACROSS CLUES

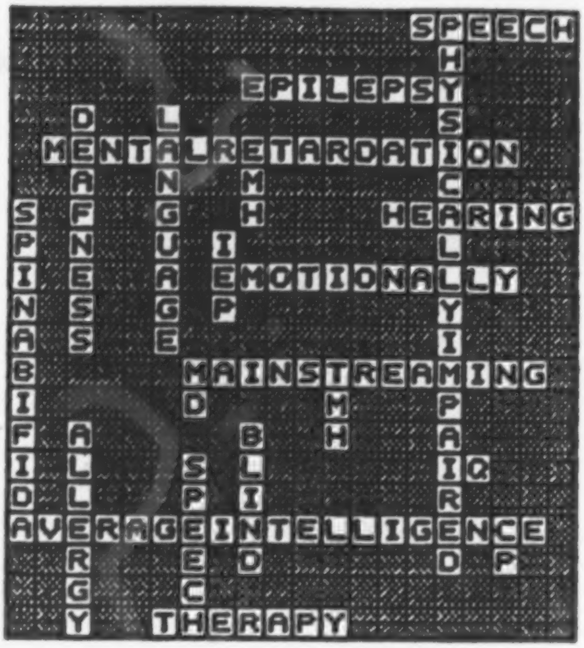
1. ____ IMPAIRED - SPEAKING PATTERNS THAT ARE DIFFERENT FROM THE NORM.
3. VERY COMMON SEIZURE DISORDER.
6. BELOW AVERAGE INTELLECTUAL FUNCTIONING.(2)
9. ____ IMPAIRED - DIFICULTY IN RECEIVING SOUND.
11. ____ DISTURBED - EMOTIONAL FUNCTIONING INTERFERES WITH THE ABILITY TO BEHAVE IN ACCEPTABLE WAY.
12. BRINGING HANDICAPPED CHILDREN INTO REGULAR CLASSROOMS FOR INSTRUCTION.
17. INTELLIGENCE QUOTIENT.
18. IQ RANGE OF APPROXIMATELY 85-115. (2)
20. TREATMENT THAT IS DESIGNED TO IMPROVE A PHYSICAL, MENTAL, EMOTIONAL OR SOCIAL PROBLEM.

DOWN CLUES

2. HANDICAP OR CHRONIC HEALTH CONDITION WHICH MAY AFFECT MOBILITY, SPEECH, INTELLIGENCE, OR ENERGY.
4. HEARING IS SO IMPAIRED THAT A HEARING AID DOES NOT HELP WITH DAILY ACTIVITIES.
5. ____ IMPAIRED - A SMALL VOCABULARY AND/OR LIMITED SENTENCE STRUCTURE,SPEECH IS RETARDED.
7. EDUCABLE MENTALLY HANDICAPPED, MILD RETARDATION, IQ = 50-70.
8. BIRTH DEFECT OF AN OPENING AT THE BASE OF THE SPINE.(2)
10. AN INDIVIDUAL EDUCATIONAL PROGRAM THAT TAKES INTO CONSIDERATION THE CHILD'S LEVEL AND SETS GOALS.
12. MUSCULAR DYSTROPHY, A PROGRESSIVE DEGENERATIVE DISEASE AFFECTING THE MUSCLES.
13. TRAINABLE MENTALLY HANDICAPPED, MODERATE RETARDATION, IQ = 25-50.
14. A SENSITIVITY TO SPECIFIC THINGS WHICH MAY PRODUCE VARIOUS REACTIONS, SUCH AS SNEEZING.
15. SO VISUALLY IMPAIRED THAT PERSON CANNOT READ PRINT; MAY SEE SOME LIGHT OR FORMS.
16. ____ IMPAIRED - SPEAKING PATTERNS THAT ARE SO DIFFERENT FROM NORM THAT COMMUNICATION IS DIFFICULT.
19. CEREBRAL PALSY; AMY AFFECT SPEECH HEARING,VISION, MOVEMENT, AND/OR INTELLIGENCE.

#1A Teacher Key

KEY TO HANDICAPS REVIEW CROSSWORD PUZZLE


SPEECH
PHYSICALLY IMPAIRED
EPILEPSY
MENTAL RETARDATION
DEAFNESS
LANGUAGE
EMH
HEARING
IEP
EMOTIONALLY
SPINA BIFIDA
MAINSTREAMING
MD
MH
ALLERGY
BLIND
SPEECH
IQ
AVERAGE INTELLIGENCE
DP
THERAPY

|#42 **Handout**

MATCHING REVIEW

Choose the handicapped child whose needs best match the activity as described:

1. Using a red and green cardboard sign when playing "Red light-Green light."
2. Use finger paint and sand in art.
3. Restate the word the child has said correctly, but without saying "No, it's_____________."
4. Talk about feelings and the best way to act when we feel bad.
5. Teach how to hold a spoon.
6. Only show one step of the project at a time.
7. Read a story for the child to tell you about.
8. Use Circle Time to teach about order.
9. Use different kinds of steps in "Captain, May I."

a. Visually Impaired

b. Educable Mentally Retarded

c. Physically Impaired

d. Learning Disabled

e. Language Impaired

f. Trainable Mentally Retarded

g. Hearing Impaired

h. Speech Impaired

i. Emotionally Handicapped

©[illegible] SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM [illegible]

#42A Teacher Key

KEY TO MATCHING REVIEW

1. g
2. a
3. h
4. i
5. f
6. b
7. e
8. d
9. c

CHILD CARE II

The lessons included in this section are:

1) Developmental Disabilities
2) Gifted Children
3) Screening and Evaluation
4) Placement Teams and I.E.P.'s
5) Review

DEVELOPMENTAL DISABILITIES

OBJECTIVES

Students will. . .

1. define the terms mental retardation, Cerebral Palsy, and developmental disabilities.
2. name two agencies which offer services to developmentally disabled children.
3. identify the characteristics of developmentally disabled children.
4. give suggestions for effectively working with developmentally disabled children.
5. direct two activities which would be helpful for developmentally disabled preschoolers.

PERIOD 1:

INTRODUCTORY ACTIVITY

Put words on the board:

Language Delayed
Mentally Retarded
Cerebral Palsy
Developmental Disabilities
High Risk
Immaturity

Discuss what they think the terms mean. (They may wish to look at their handouts from Child Care 1.)

PRESENTATION

Speaker - Someone from the ARC Developmental Disabilities Nursery Program (Associations for Retarded Citizens - ARC - frequently run them.)
- Health and Rehabilitative Services.
- Head Start Handicapped Coordinator

Handout - Developmental Disabilities

POINTS TO EMPHASIZE

1. Developmental Disabilities are not synonymous with low intellectual ability!
2. Developmental Disabilities is a term used by social agencies such as HRS to indicate children who are showing delays in development for any reason and in any area of development.

PERIOD 2

ACTIVITIES

1. Make folder games to encourage development of:
   - a math concept
   - a pre reading concept
   - self-concept
   - language

2. Write directions for the game so a parent could do it.

FOLLOW-UPS

Developmental Disabilities Hidden Meaning
Review Questions on Development

RESOURCES

People
    ARC Representative
    HRS Representative
    Headstart Handicapped Coordinator

Handouts
    #43 Developmental Disabilities
    #44 Developmental Disabilities Hidden Meanings
    #45 Developmental Disabilities Review

#43 **Handout**

DEVELOPMENTAL DISABILITIES

DEFINITION

A. DEVELOPMENTAL DISABILITIES - children showing significant lags usually in more than one area of development (intellectual, physical, language, emotional). These lags may be due to identifiable causes such as mental retardation or autism, but that is not necessarily the case.

B. HIGH RISK - children identified as having a great potential for having difficulty in proper development either for medical reasons or severe environmental concerns.

NEITHER OF THESE CONDITIONS ARE RECOGNIZED BY MOST SCHOOL DISTRICTS. THEY MAY BE RECOGNIZED BY HEAD START OR SOCIAL SERVICE AGENCIES WITH SPECIFIC DEFINITIONS.

C. MOST COMMON PROBLEMS
   1. Developmentally Disabled is often assumed to be the same as mental retardation.
   2. Frequent unknown causes.
   3. Frequently ineligible for special educational services through school districts.

CHARACTERISTICS OF DEVELOPMENTALLY DISABLED CHILDREN

A. HEALTH INDICATORS
   1. Often need frequent medical attention.
   2. Premature infants.
   3. History of health/medical problems in child or family.

B. SPEECH BEHAVIORS
   1. Language delays.
   2. Immature speech.

C. SOME COMMON CAUSES OF DEVELOMENTAL DISABILITIES ARE:
   1. Mental Retardation
   2. Cerebral Palsy
   3. Oxygen deprivation at birth
   4. Premature birth
   5. Autism
   6. Language delays

D. CLASSROOM BEHAVIORS
   1. Difficulty keeping up with others.
   2. Immature
   3. Attention deficits.
   4. May seem smart enough, but have difficulty with class work.
   5. Absenteeism

#43 Handout (continued)

GOALS OF THE PRESCHOOL

1. Encourage appropriate social skill development.
2. Provide stimulating environment.
3. Provide structured curriculum.

GENERAL SUGGESTIONS

1. Find out as much as possible about the child's needs. (See the handout related to that need.)
2. Provide structure so the child learns when, where and how to do things.
3. Provide a developmentally based program.
4. Encourage socialization and modeling of behavior.
5. Attend to the development of the whole child.
6. Use as many of the child's senses simultaneously as possible.

REMEMBER: DEVELOPMENTALLY DELAYED CHILDREN ARE NOT NECESSARILY MENTALLY RETARDED.

ACTVITIES

1. Set up an obstacle course in the room. As the child goes over, under, and in objects, emphasize the words that explain it - "You're under the table."

2. Try drawing shapes using stencils or drawing in a tray of sand.

3. Play memory games. Put down two items the child knows, have him look and then close his eyes. Take one away and ask him what's missing. When he can do that most of the time use three, then four, then five objects.

4. Read a simple story to the child. Then have him act it out or demonstrate it on a flannel board.

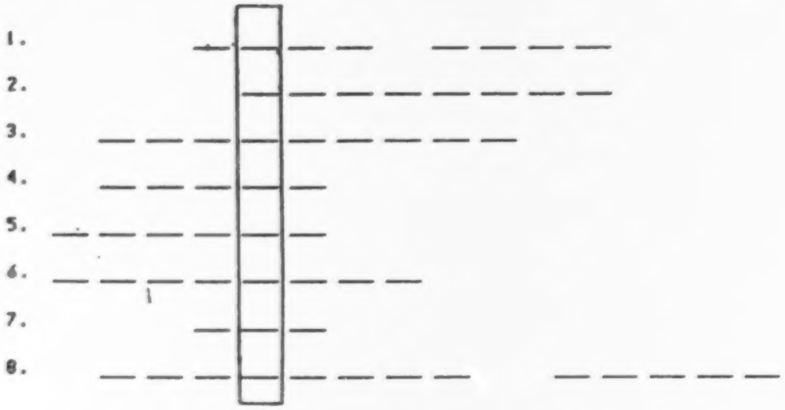
5. Use a "mystery bag." Put objects in a bag. Have him feel one without looking at it and guess what it is. Take the object out and talk about it.

'W44 Handout

DEVELOPMENTAL DISABILITIES HIDDEN MEANINGS

DIRECTIONS:

Fill in the missing words in the clues below. Then write the words in the blanks - one letter per space. The answer to your mystery word will appear in the marked box.



1. Many children with developmental disabilities are considered to be at _______ _______ for medical problems.

2. Children who are developmentally delayed may be smart. They are not necessarily _________ ~~referded~~ referded.

3. A baby who is born early is _________ and may have developmental disabilities.

4. A _________ in development can be caused by any number of factors.

5. Children develop at different rates. Their rate of_________ can affect their learning.

6. A delay in _________ may not be obvious until a child is expected to be speaking.

7. _____ _____ _____ are the initials of Health and Rehabilitative Services which helps young children with developmental disabilities.

8. C.P. stands for _________ _________. This usually causes a developmental delay, but the delay may be in any number of areas such as speech, physical abilities or intelligence.

MYSTERY WORD:

Many Developmentally Delayed children will seem young and __ __ __ __ __ __ __ __ in comparison to other children their age.

#44A Teacher Key

KEY TO DEVELOPMENTAL DISABILITIES HIDDEN MEANINGS

1. HIGH RISK
2. MENTALLY
3. PREMATURE
4. DELAY
5. GROWTH
6. LANGUAGE
7. HRS
8. CEREBRAL PALSY

#45 Handout

DEVELOPMENTAL DISABILITIES REVIEW

I. Answer the following questions True or False.

_____ 1. Developmentally disabled people are mentally retarded.

_____ 2. Premature birth can be a cause of developmental disabilities.

_____ 3. Developmental Disabilities is not a term used by most public schools.

_____ 4. High risk children always have developmental disabilities.

_____ 5. Children may be considered "high risk" due to medical problems.

_____ 6. Children may be considered "high risk" due to environmental concerns.

_____ 7. Children with developmental disabilities are often working at a younger level than children their age.

_____ 8. Most children with developmental disabilities have no language problems.

_____ 9. Two agencies which often serve developmentally disabled children are Health and Rehabilitative Services (HRS or HHS) and Head Start.

_____10. A child who has cerebral palsy is physically handicapped and cannot be developmentally disabled.

#45 Handout (continued)

II. Define the following terms:

A. Mental Retardation -

B. Cerebral Palsy -

C. Developmental Disabilities -

III. A. Give 2 general suggestions for working with a developmentally disabled child in the classroom.

1.

2.

B. Give 2 activities that would help foster the growth of a developmentally disabled child.

1.

2.

#45A Key to Handout

DEVELOPMENTAL DISABILITIES REVIEW

I.
1. False
2. True
3. True
4. False
5. True
6. True
7. True
8. False
9. True
10. False

II. DEFINITIONS

A. Mental Retardation - below average general intellectual functioning with deficits in adaptive/social behavior at the same time which occurs during the developmental period (birth to age 16 years.) It may be caused by inherited, environmental or a combination of factors.

B. Cerebral Palsy - usually present at birth but may occur due to brain/head injury. May affect any combination of arms, legs, speech and language, hearing, vision, mental growth.

C. Developmental Disabilities - children showing significant lags usually in more than one area of development (intellectual, physical, language, emotional). These lags may be due to identifiable causes such as mental retardation or autism, but that is not necessarily the case.

III. A & B - See Developmental Disabilities Handout

[illegible]

GIFTED CHILDREN

OBJECTIVES :

Students will. . .

1. define the terms "gifted" and "talented" as applied to children.
2. identify three common problems experienced or evidenced by gifted children.
3. identify five characteristics or typical classroom behaviors of gifted children.
4. offer five general suggestions for effective ways to work with gifted children.
5. direct two appropriate activities with gifted children.

PERIOD 1:

INTRODUCTORY ACTIVITY

Give students "Be Creative!" handout. Have them complete the activity then share their drawings.

Discuss briefly the words:
Creative
Gifted
Talented

PRESENTATION

Guest Speaker -
Gifted Education Supervisor/Coordinator
or person running a preschool program
for gifted children

Handouts -
Gifted Children
Be Creative!

POINTS TO EMPHASIZE

1. Gifted children need encouragement.
2. They need structure and for people to remember they are children first!
3. They need to develop in all areas.
4. "Giftedness" includes many areas.

[illegible]

PERIOD 2

ACTIVITY

1. Hand out on Curriculum and Activities. Briefly discuss how you modify curriculum and activities.
2. Have students break into groups of 3. Then in 3 cans have the following items:

Can 1:

Word Cards:
  Intellectually Gifted
  Musical
  Gymnastic Talent
  Artistic
  Fluent in Foreign Languages
Born Leader
Paper Airplane

Can 2:

Music
Table activity
Large Muscle Activity
Field trip
Story time
Free choice

Can 3:

set of jingle bells
paper bag
roll of masking tape
small toy
3 crayons bound together with a rubber band

Each group draws one thing from each can. Then they need to take an activity in the area and modify it for "their" child, and it must use the material they got. Only allow 5-10 minutes planning. Then each group demonstrates to the others.

FOLLOW-UP

Gifted Word Search
Gifted Review

RESOURCES

Handout
  #46 Gifted
  Activities:
  #47 Be Creative!
  #48 Curriculum and Activities for Gifted Children
  Follow-ups:
  #49 Gifted Word Search
  #50 Gifted Review

#46 Handout

GIFTED CHILDREN

DEFINITION

A. GIFTED - children who show superior ability in academic areas or demonstrate exceptional talent; it is not uncommon for children to excel in both areas.

B. COMMON TERMS ASSOCIATED WITH GIFTEDNESS

INTELLECTUAL SUPERIORITY - usually interpreted as a IQ of 130 to 140 and higher although there is dissatisfaction with IQ as the sole measure. Superior ability to deal with facts, ideas, relationships, think creatively, leadership skills and school achievement are also usually considered.

TALENT - unusual ability in art, music, athletics, leadership, mechanics, etc.

MOST COMMON PROBLEMS

1. Poor self-concept/view selves as "different."
2. Intellectual and Social Maturity are not always equal.
3. Lack of challenging programs for gifted students.

CHARACTERISTICS OF GIFTED CHILDREN

A. HEALTH INDICATORS/PHYSICAL APPEARANCE
   1. Contrary to myth usually have excellent health; do not wear glasses more frequently than the general population.
   2. Large muscle skills of preschoolers are usually very good but are usually closer to their age than their language and intellectual skills.
   3. Handicapped children may also be giften.

B. SPEECH BEHAVIORS
   1. Advanced language development.
   2. May have developmental speech problems.

C. CLASSROOM BEHAVIORS
   1. Attention problems/distractible.
   2. Constantly questioning.
   3. Using items/objects in unconventional manner.
   4. Mature
   5. May not be tolerant of others' lack of ability.
   6. May amuse self well.
   7. May be demanding of attention.
   8. Immature behavior when compared with ability.

[illegible] SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM 8/85

#46 Handout (continued)

GOALS OF THE PRESCHOOL

1. Develop positive socialization skills.
2. Provide opportunities for exploring abilities.
3. Encourage well-rounded development.

GENERAL SUGGESTIONS

1. Provide activities for child to explore on his own, to discover cause-and-effect relationships.
2. Teach to the child's interest - if he wants to learn to read and write, help him, but don't push him.
3. Help the child to accept others for who they are and what they can do.
4. Provide a variety of new and stimulating materials.
5. Develop a sense of competency.
6. Value creativity.
7. Use discussion to encourage language development.
8. Use drama and creative play to help develop skills in symbolic expression.
9. Encourage responsibility by having child choose an activity and then follow through with it.
10. Be sure to pay attention to development of the whole child - i.e., social, emotional and physical as well as intellectual.

REMEMBER: GIFTED CHILDREN ARE STILL CHILDREN,
NOT MINATURE ADULTS!

SPECIFIC ACTIVITIES

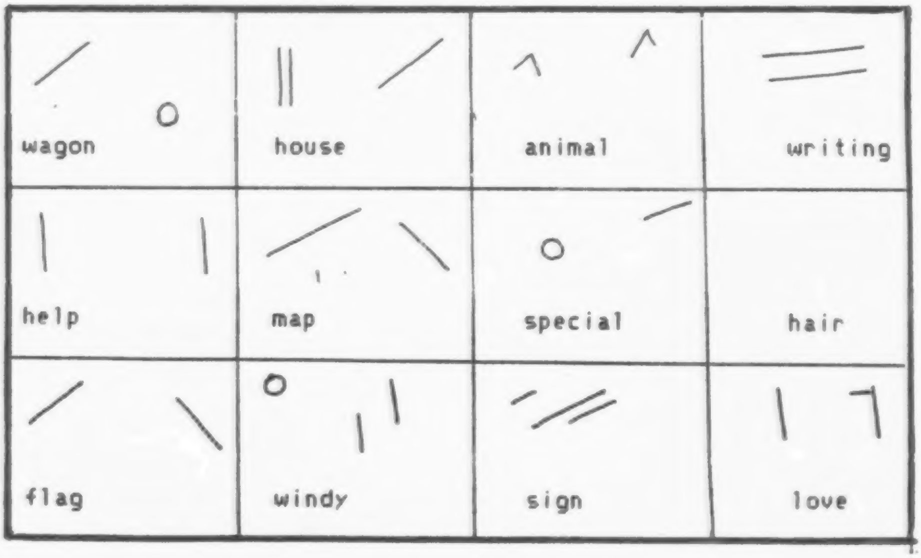
1. After reading a story ask the children what they think happened next, or the next time.
2. Put on a record and have children move to it; then be something besides a child moving to the music (i.e., popcorn, wind).
3. Using a type of categorization activity, place several heavy and light items on the science table. Ask children how they are alike/ different. Discuss groupings. Introduce a bowl of water with the statement, "This bowl of water will help me divide the materials into two groups. How do you think this will happen? Stress: Different types of groupings are all correct - depends on purpose of grouping.
4. Have children listen to a story, then draw a picture of how they feel.
5. Allow child to demonstrate his talent to the class.

H 47 Handout

BE CREATIVE!

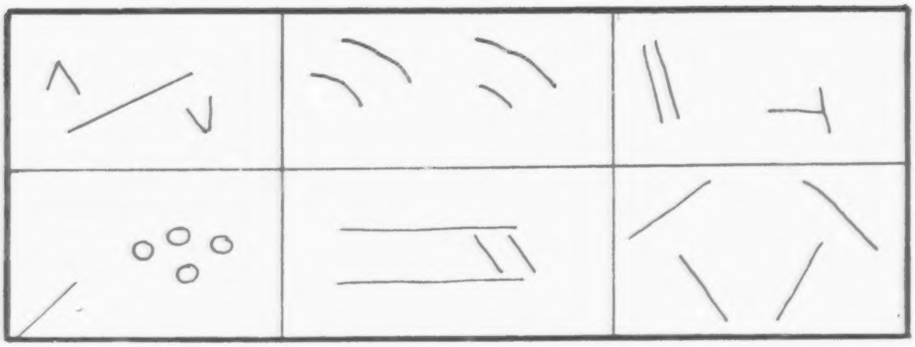
This activity is not designed to prove whether you are creative. It is designed to give you an idea of one way that individuals can exhibit creativity. By sharing your designs with each other you will see common and uncommon treatment of the forms.

DIRECTIONS: In the next 3 minutes make each set of lines into a form that represents the caption word.


wagon
house
animal
writing
help
map
special
hair
flag
windy
sign
love

#47 Handout (continued)

DIRECTIONS: In the next 2 minutes put a caption on each of the forms below:



48 Handout

CURRICULUM AND ACTIVITIES FOR GIFTED PRESCHOOLERS

CURRICULUM

Typically, there are three types of changes made in the curriculum for gifted children:

Time-filling
Early promotion
Enrichment

Although enrichment is usually the most satisfactory, there are times that the other methods may be best for the gifted child.

Time-filling

This is accomplished in two ways. The first is giving the child more of the same activity (more papers, another book to look at, another piece of clay to model, etc.) The second is to allow the child to do whatever he wants when he has finished the assigned task. The goal of these activities are to keep the child's time filled while others finish.

Neither of these are very satisfactory because they are not well-planned activities and they don't help the child to grow in all areas. Giving the child more to do may teach him to work more slowly so he doesn't have to do more. Allowing the child to pursue his own interests may expand the child's abilities in those areas, but will neglect the child's total development.

Early Promotion

This refers to moving a child ahead a grade or "skipping" at the elementary level. At the preschool level it usually means teaching the Kindergarten and First Grade Curriculum in the preschool.

This can be satisfactory if the child is particularly mature. However, early promotions are often made without consideration for the child's social skills and level of maturation.

Enrichment

This is giving the child experiences and opportunities to expand his growth in all directions. These experiences usually start in the basic curriculum but are activities that challenge the child at his level of ability. The additional opportunities (such as field trips, additional books, volunteer workers, computers) are often an asset to all the children.

If the teacher puts time into planning and is willing to challenge the child in her teaching, this can be the most satisfactory way of teaching the gifted child. Early academic growth can be encouraged, but the child will also develop in all areas.

ACTIVITIES

On the following pages are several activities that one might do with preschoolers. Fill in two ways to expand the activity for the gifted child. Then tell which you think is the best choice and why.

#48 Handout (continued)

ACTIVITY	TIME-FILLER	ENRICHMENT	BEST CHOICE AND WHY
ART - The Children are studying colors and the group is painting with primary colors - red, blue, yellow			
LANGUAGE - You are teaching the prepositions "over", "under" and "on" by having the children go on an obstacle course and then marking the balls on pictures of tables as to whether they are under, over or on the table.			
BODY AWARENESS - The topic is body parts. The children are playing "Simon says touch your (body part)." And then drawing a picture of themselves.			

#49 **Handout**

GIFTED WORDSEARCH

I	A	T	S	Q	U	E	S	T	I	O	N	I	N	G	W	O	C	I	G
I	A	B	U	Q	I	P	L	V	S	N	B	C	L	Y	U	E	R	V	G
B	S	I	C	R	E	A	T	I	V	E	E	R	C	E	Z	E	N	J	I
E	K	X	H	S	O	X	Z	I	P	M	Z	F	D	Z	Q	R	Z	I	F
N	C	L	G	W	D	N	T	X	N	S	N	D	L	E	Z	D	I	J	T
O	L	R	B	I	Z	I	F	L	A	F	U	M	F	Q	M	W	N	A	E
S	W	M	C	F	M	S	S	C	A	Y	J	H	O	G	F	C	T	H	D
U	E	R	M	F	Y	M	E	T	M	R	U	W	G	X	Q	Y	E	N	X
G	P	T	V	H	L	U	A	R	R	B	T	K	Q	X	L	Q	L	A	Y
M	S	C	U	J	E	S	A	Y	X	A	P	I	G	Z	D	B	L	J	G
C	M	E	I	E	A	I	R	J	L	U	C	V	S	C	H	Z	I	O	K
M	A	C	U	Y	D	C	N	T	A	O	V	T	V	T	Z	Y	G	U	C
L	R	A	Q	T	E	A	Y	A	R	T	W	E	I	W	I	Z	E	U	H
A	T	X	M	W	R	L	E	L	O	L	H	A	E	B	J	C	N	X	J
S	Z	S	F	Z	S	M	R	E	O	A	Q	L	M	X	L	J	T	B	T
G	N	S	L	H	H	R	F	N	T	U	N	I	E	I	Z	E	R	M	R
W	W	H	U	D	I	P	U	T	V	O	S	J	J	T	C	T	I	D	N
S	Y	Q	K	U	P	Q	W	E	X	G	O	V	H	I	I	X	G	M	T
U	J	O	K	J	V	E	F	D	H	J	L	F	M	C	F	C	W	E	H
F	M	E	G	C	W	F	T	U	L	V	V	Q	Q	J	K	I	V	D	Q

WORDS

TALENTED
CREATIVE
INTELLIGENT
MUSICAL
GIFTED
ATHLETIC
DISTRACTIBLE
SMART
ARTISTIC
LEADERSHIP
QUESTIONING

#49A Teacher Key

KEY TO GIFTED WORDSEARCH

```
. . . . Q U E S T I O N I N G . . . . .
. . . . . . . . . . . . . . . . . . . G
. . . C R E A T I V E . . . . . . . . I
. . . . . . . . . . . . . . . . . . . F
. . . . . D . . . . . . . . . . . I . T
. . . . . . I . . . . . . . . . . N . E
. . . . . . . S . A . . . . . . . T . D
. . . . . . M . T . R . . . . . . E . .
. . . . . L U . . R . T . . . . . L . .
. S . . . E S . . . A . I . . . . L . .
. M . . . A I . . . . C . S . . . I . .
. A . . . D C . T A . . T . T . . G . .
. R . . . E A . A . T . . I . I . E . .
. T . . . R L . L . . H . . B . C N . .
. . . . . S . . E . . . L . . L . T . .
. . . . . H . . N . . . . E . . E . . .
. . . . . I . . T . . . . . T . . . . .
. . . . . P . . E . . . . . . I . . . .
. . . . . . . . D . . . . . . . C . . .
. . . . . . . . . . . . . . . . . . . .
```

#50 Handout

GIFTED REVIEW

1. True or False

_____ All gifted children have very high I.Q.'s.
_____ Leadership can be considered a talent.
_____ Gifted children wear glasses more frequently than other children.
_____ Gifted children are not disruptive.
_____ Without guidance gifted children may develop in one area and neglect others.
_____ Gifted children may have poor self-concepts.

2. Give three suggestions for the teacher with a gifted child in his preschool class.

3. Give two activities a teacher can do in a preschool class to enhance gifted children's learning.

#50A Teacher Key

KEY TO GIFTED REVIEW

1. False
   True
   False
   False
   True
   True

2.
   See Gifted Children handout
3.

SCREENING & EVALUATION

OBJECTIVES

Students will. . .

1. review reasons for, and methods of, screening children.
2. become aware of different screening tests.
3. become aware of the roles of different professionals in follow-up evaluation.

PERIOD 1

INTRODUCTORY ACTIVITY

Have students review what they learned about screening in Child Care I.

Review "POINTS TO EMPHASIZE" in Lesson 8.

PRESENTATION

Guest speaker:

School Psychologist, Child Find professional, or other individual involved in preschool evaluations.

Discuss evaluations for special programming

-- What would various professionals do in an evaluation?

-- How is evaluation different from screening?

-- Discuss what various professionals assess:

- Psychologist
- Occupational Therapist
- Physical Therapist
- Speech Therapist
- Social Worker
- Special Education Teacher

Handouts -

Previous handouts on screening and observation (#36, 38)
Human Service Professionals

POINTS TO EMPHASIZE

1. Screening is only a first step in evaluation. Evaluation is comprehensive.
2. Refer a child for screening when there are concerns about his growth and abilities.
3. Be reliable. The directions and what you say must be given exactly as written.
4. Locate the proper referral agencies in your community.
5. A variety of screening instruments are available.
6. In evaluation different professionals look at the child in different ways.

PERIOD 2:

ACTIVITIES

Have available several screening instruments. Let the students explore their similarities and differences. Include at least one for infants and the school district's Kindergarten screening.

Demonstrate with the different screening instruments.

Stress that these are screening instruments. Discuss how screening activities relate to evaluation.

Let students practice with each other.

Informal period for students to talk with Speaker, Preschool Special Education Teacher about screening and evaluation.

FOLLOW-UP

Screening and Evaluation Crossword Puzzle
Screening and Evaluation Review

RESOURCES

People -
    School Psychologist
    School Social Worker
    Child Find Professional
    Special Services Personnel
Handouts -
    #36 Screening
    #38 Observation
    #51 Human Service Professionals
Follow-up -
    #52 Screening and Evaluation Crossword Puzzle
    #53 Screening and Evaluation Review

Screening Kits

Suggestions: DIAL
Santa Clara Inventory
Denver Developmental Scales

Find out what the local Child Find office, other agencies, and Kindergartens use; borrow copies of those.

# 51 Handout

HUMAN SERVICE PROFESSIONALS

Psychologist - usually has a graduate degree in school psychology. Assesses intellectual (IQ level) and social/emotional behavior. Must be knowledgeable of the affect of environment in child development.

Occupational Therapist (O.T.) - examines fine motor skills, eye-hand coordination and self-care skills. Can prescribe activities to assist child. Needs a prescription from a physician.

Physical Therpist (P.T.) - examines large muscle skills, mobility and prescribes activities to assist child. Needs a prescription from a physician.

Social Worker - observes child's behavior. Works with child and family to assist in social/emotional growth, etc.

Speech and Language Therapist - assess both child's speech and language development. Makes recommendations for therapy needs, etc.

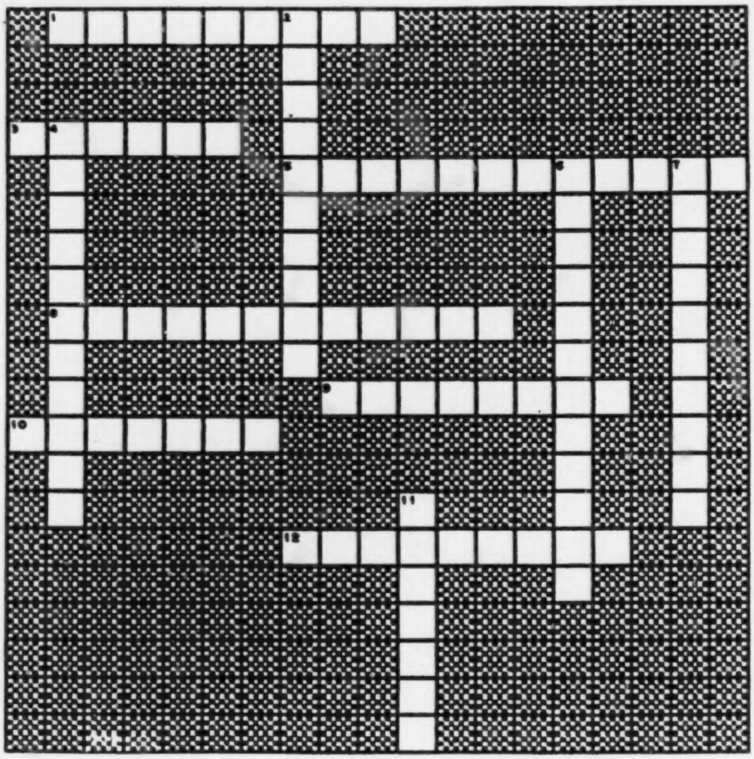
Preschool Teacher - should be knowledgeable of preschool children's needs and child development.

Special Education Teacher - should be knowledgeable about effects of handicaps on a child's development and in special techniques that may assist the child.

Parent - should be knowledgeable about the particular child and can give information regarding the child's day-to-day performance. Judgement may be clouded by emotional involvement, but is frequently very informative.

# 52 Handout

SCREENING AND EVALUATION
CROSSWORD PUZZLE AND CLUES



ACROSS CLUES

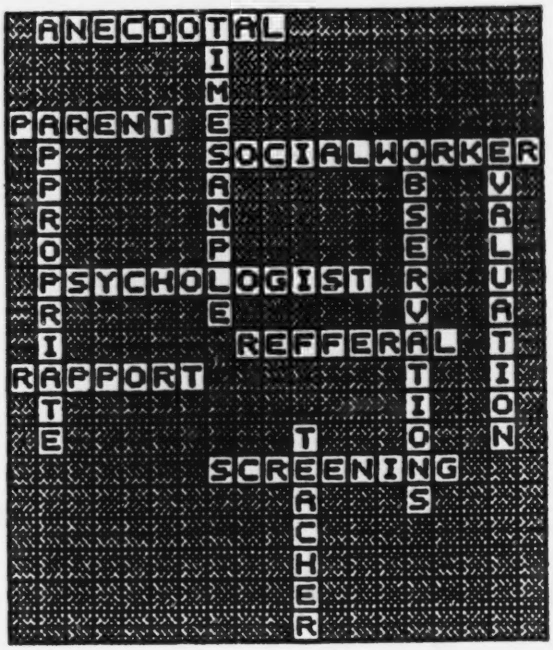
1. Brief notes describing observed behaviors of children.
3. The ___ often gives the most information about the child's dailyu behavior at home.
5. The __ __ works with the child & family to assist social/emotional development.
8. The person who tests intellectual and emotional development.
9. A request for testing.
10. Relationship with the child that is needed for successful testing.
12. The first step in the evaluation process.

DOWN CLUES

2. Observations done on a set schedule.
4. ___ placement of a child depends on having a complete picture of the whole child.
6. When one watches a child to gain information about his behavior.
7. The whole testing , screening and observation process is called an ____.
11. The person responsible for carrying out the recommendations of those who tested the child.

#52A Teacher Key

CROSSWORD PUZZLE KEY


ANECDOTAL
TIMESAMPLE
PARENT
SOCIALWORKER
APPROPRIATE
OBSERVATIONS
EVALUATION
PSYCHOLOGIST
REFFERAL
RAPPORT
TEACHER
SCREENING

PLACEMENT TEAMS
& I.E.P.s

OBJECTIVES

Students will. . .

1. be aware of the legally required safeguards for all handicapped children and their parents.
2. be aware of the evaluations made available to all children by the public school system.
3. be aware of the kinds of information required before a child can be labeled handicapped.
4. be aware of the various services available to children from the public school system once they are "staffed."

PERIOD 1

INTRODUCTORY ACTIVITY

Give all students a case study description of a child and his screening scores
(Case study attached - Handout #55
(Child Care Teacher Guidance Sheet #54)

Discuss the child - types of problems/handicaps he may have

PRESENTATION

Select students to play the following roles:
Psychologist, O.T., P.T., Speech Therapist, Preschool Teacher, Special Education Teacher, Parent

Give each a description of their job and their evaluation of the youngster. (Handouts #55-61)

Role play:
First have actors identify themselves (put card on desk) and what they do.
Then have them discuss what they found out about the child.
Discuss case and make placement decision.
Case is attached and also mediator's (Child Care teacher's role (Handout #54).
(Preschool Special Education Teacher may be a helpful resource.)

POINTS TO EMPHASIZE

Each person sees a part of the child.
By seeing the whole child we can make the best placement possible.

PERIOD 2:

ACTIVITY

Introduce IEP forms. Discuss how they need to be filled out. Instructions accompany the IEP forms.

(Students should already have learned about goals and objectives in their regular instruction on planning.)

FOLLOW UP

Staffing form
Placement Review

RESOURCES

Local District Procedures Manual
Staffing Specialist

Handouts

- Case Study:
  - #54 Mediator's Role
  - #55 Case Study Description of Child
  - #56 School Psychologist Report
  - #57 Occupational Therapist Report
  - #58 Physical Therapist Report
  - #59 Speech Therapist Report
  - #60 Preschool Teacher's Report
  - #61 Special Education Teacher's Report
  - #62 Parent Description
- Activities:
  - #63 IEP Information
  - #64 Blank IEP *
- Follow-ups:
  - #65 Screening Form *
  - #66 Placement Review *

*You may wish to utilize your own district forms rather than the samples offered here.

#54 Handout

MEDIATOR/CHILD CARE INSTRUCTOR'S ROLE

ROLE: Select the students to play the roles, pass out the materials and keep the "team" working. Every student gets copies of the Case Study Summary, Screening Form, and Staffing Form. (I.E.P. materials should be handed out during the second hour.)

1. Each student on the team should first read her/his report. Then team members may ask questions. Students will have to make their own recommendations for placement and services as they relate to their reports and specialty areas. (Allow 20 minutes.)

SPEECH & LANGUAGE - Articulation problems, difficulties in language but basically developmental.

OCCUPATIONAL THERAPY - Needs to learn to use left arm/hand, feeding skills need refining, self-care/dressing skills need to be developed.

PHYSICAL THERAPY - Improve walking pattern and stability while sitting, standing & moving.

TEACHERS, PSYCHOLOGIST - Needs more social interaction, benefit from smaller groupings & trained personnel.

ALL - needs to learn to handle frustration in more acceptable manner, consistency needed.

2. Students should record all information presented on the Screening Forms. The team should then meet in private and fill out a Staffing Form while observers fill out their own forms independently or as a second team. (Allow 5 minutes.)

3. Then the team must make final recommendations. Discussion from observers should be included here and deal with differences in opinions and reasons for decisions.

4. Discuss the use of the team instead of one person with only the knowledge available to that person (not everyone's reports) making the decision.

#54 Handout (continued)

POINTS TO EMPHASIZE:

1. It is all right for there to be variation in the teams and individual recommendations.
    In reality this child could receive all services in either mainstreamed or self-contained setting.

2. The use of the team provides a more balanced and complete view of the child.

3. In reality the team would also have to consider what programs and services are available, and the school district's regulations and policies.

#55 Handout

CASE STUDY SUMMARY

CHILD'S NAME: Harold Smith AGE: 3-4

REASON FOR REFERRAL:

Harry may be eligible for the school district's program for handicapped preschoolers. He has demonstrated developemntal lags in language and fine and gross motor. He has been diagnosed as having cerebral palsy.

FAMILY BACKGROUND:

Harry lives with his mother, older brother (age 7) and youngewr sister (age 2). His parents have been separated for 10 months. Mother and father are both concerned and work well together for Harry's benefit. The older brother is in a second grade class for gifted children.

EDUCATIONAL BACKGROUND:

Harry has attended Little Ones Preschool for almost 1 year. He has also received speech therapy at Abernathy Clinic since he was two-and-a-half and physical/occupational therapy at the Easter Seals Center 2 times a month since he was 6 months old.

At the preschool he is well-liked by other children although he rarely engages in interactive play. He is immature and the preschool plans to move him into a class of children 6 to 12 months younger than his age. They also have concerns about their ability to meet his growing needs.

Abernathy Clinic's Speech Department has noticed good progress in his language development although he still is below his age level. Harry also has some articulation errors.

Easter Seals has been assisting in providing braces. Due to their limited facility in this area they have concentrated on providing activities for the parents and teacher to do rather than spending much time working directly with Harry.

#56 Handout

SCHOOL PSYCHOLOGIST'S REPORT

Child's Name: Harry Smith   Age: 3-4

TESTS GIVEN:

Draw-a-Person
Intelligence Test
Picture Intelligence Test

TEST OBSERVATIONS:

During testing Harry was cheerful and talkative although much of what he said could not be easily understood except in the context of the situation. His balance is poor and he needed a chair with arm supports. Harry holds a pencil in his right hand with a fisted grip. His left arm is affected by cerebral palsy and he does not use it. During the testing Harry tried hard to please and worked at each item. He got angry when the examiner could not understand him aand started to throw pieces of the test. Harry calmed down when he was patted on his back and talked to softly with reassurance.

RESULTS:

On the intelligence test Harry scored at 86 on the Performance part and 72 on the Verbal part with a Total I.Q. of 80. This means he has average ability in activities that require eye-hand coordination. Harry's scores were below average on activities requiring him to speak. It must be noted that while he responded to many items some could not be scored because the examiner could not understand what was said. He did well on memory items where he repeated what was said. He did not do well on items where he had to tell about words or pictures.

On the Picture Intelligence Test he scored 102. On this test he selected the correct picture from four that represented the concept requested.

RECOMMENDATIONS:

[illegible]

57 Handout

OCCUPATIONAL THERAPIST'S REPORT

TESTS GIVEN:

- Test of Visual-Motor Skills
- Test of Fine Motor Skills
- Self-Care Assesment

TEST OBSERVATIONS:

Harry is a young child who has crebral palsy which has affected his left arm and both legs. He is mobile and makes good use of his right arm. During the testing Harry followed directions well but resisted using his left arm and cried when his arm was stretched.

RESULTS:

Harry's visual-motor skills show some delay even with his non-affected arm. He has great difficulty making a scribble that is circular in shape. He can grasp and reach things with accuracy. He does not color within lines.

Harry has a pincer grasp (ex.: picking up a raisin with his thumb and index finger.) He still holds his pencil with a fist. He can make single snips on the edge of a piece of paper. He does not use his left hand to hold his paper and cries when pressured to use it for anything.

Harry can feed himself with a spoon although he is messy, spilling food on the table and on himself. He has no self-dressing skills yet.

RECOMMENDATIONS:

58 Handout

PHYSICAL THERAPIST'S REPORT

Child's Name: Harold Smith Age: 3-4

TESTS GIVEN:
Test of Mobility and Stability
Large Muscle Skill Assessment

TEST OBSERVATIONS:

Harry is a slightly built child with cerebral palsy who wears leg braces on both legs. In addition his left arm is also affected. Throughout the testing Harry was cooperative. He demonstrated some fear while sitting in a reguar chair and visibly relaxed when given a chair with arms.

RESULTS:

Harry's mobility allows him to move freely about his environment although his walking pattern is quite awkward and slow. He frequently walks on his toes and is off balance when sitting, standing and walking.

Harry will not extend his left arm but has control and extension with his right arm.

Harry demonstrated the ability to climb on the jungle gym but cannot pedal a bike or ride a "push trike".

RECOMMENDATIONS:

#59 Handout

SPEECH THERAPIST REPORT

Child's Name: Harold Smith   Age: 3-4

TESTS GIVEN:
Articulation Test
Test of Expressive Language
Test of Receptive Language

TEST OBSERVATIONS:

Harry was very cooperative and cheerful most of the time. He has cerebral palsy which has affected his motor ans speech development. After 45 minutes of articulation and expressive language testing Harry showed fatigue and frustration. He alternately put his head on the table and yelled at the examiner. As soon as the task changed so that he did not have to speak he became quite cheerful again.

RESULTS:

Harry's receptive language is similar to his age; and age score of 3-5 was attained. His expressive language score shows some delays although he typically talks in 5-word sentences. He is starting to use pronouns but will frequently use the wrong one (ex: "Hime did it to she.") He initiates conversations when a stimulus (something to talk about) is present. His expressive language age schore was 3-0.

Harry's greatest difficulties are in the area of articulation. In addition to the typical developmental age problems of correctly pronouncing blends (2 letters together to make a sound such as s and h to make /sh/.) he shows difficulty with gutteral sounds such as /g/ as in "go", and /k/ as in "kitchen". Harry has an unusually high number of substitutions as well as leaving out sounds. In addition, many of his sounds are distorted because he has difficulty closing his mouth.

RECOMMENDATIONS:

#60 Handout

PRESCHOOL TEACHER REPORT

RE: Harold Smith AGE: 3-4

Harry is a very friendly child who is usually cooperative. He has been at the preschool for almost a year. He appears to be bright enough but with all his problems he needs more assistance than I can give him in my classroom.

His difficulties in moving and speaking frequently frustrates him. Harry's interactions with other children are quite limited. He prefers to play alone but allows to answer for him when I ask for a response. He works well with others in a structured small group setting. He does need help in controlling his anger when he becomes frustrated.

Mr. and Mrs. Smith appear to be very interested in his growth and schooling. However, they and the other specialists are making requests of me that I have neither the training nor the time to carry out. My classroom seems much less appropriate for him than it was 6 months ago and the school's director is considering moving Harry to a class with younger children. I believe that he would learn more in a classroom with a teacher who can provide what he needs.

#61 Handout

SPECIAL EDUCATION TEACHER'S REPORT

Child's Name: Harold Smith Age: 3-4

TESTS GIVEN:
Preschool Readiness Test
Classroom Observation

TEST OBSERVATIONS:

During testing Harry was quite comfortable in a one-to-one situation. He was talkative and showed adequate attention skills. He exhibited a very low frustration level when working in the areas of small and large muscle activities.

When observed in a class situation he did not initiate interractive play. When he was approached by other children he either ignored the contact or attempted to respond using gestures. When prompted by this observer to reespond verbally Harry appeared reluctant an was easily frustrated if he was not understood the first time. He was reluctant to move around the room as well even when he was assisted. He played and worked with items within his reach refusing to voluntarily move in any manner. He threw items when he became frustrated with small muscle tasks.

RESULTS:

Harry's social behavior was observed to be 9-12 months delayed while his small and large muscle skills were 6-18 months delayed. His language is difficult to understand due to many articulation problems although he seems to understand at a level similar to other children his age.

He demonstrated an understanding of many concepts and his one-to-one test results were observed to be much higher than his performance in the regular preschool class appeared to be.

RECOMMENDATIONS:

# 62 Handout

PARENT INFORMATION

(This would usually not be a formal report.)

Re: Harry Smith, Age 3

Harry is a very special child to all of us. I feel we have adjusted quite well to Harry's problems although his teacher and the Speech Clinician at Abernathy seem to feel we baby Harry too much.

We are recently divorced and that has been hard on all the children. While meeting Harry's needs has been time-consuming and has added pressure to our lives he was not the primary reason we were divorced. Fortunately we have maintained a good relationship with each other and work well together for the sake of the children.

Harry's brother Aaron is very smart and likes to teach Harry what he's learned in school. He seems to accept Harry's problems and the two of them will spend hours together looking at books unless Angela disturbs them. Angela is a typical 2 year old ("terrible two's") and always wants her way. She has difficulty understanding that Harry cannot do everything she wants him to do. This frustrates Harry and then he starts throwing tantrums. I find it difficult to discipline him but I know he shouldn't be allowed to "get away" with this.

¹#63 **Handout**

INDIVIDUAL EDUCATION PLAN INFORMATION SHEET

1. Individual Education Plans are required by federal law for every child receiving special education services.

2. The I.E.P. should be developed jointly by those working with the child including the parent.

3. I.E.P.s must be updated or rewritten at least once a year. They can be done more often.

4. The I.E.P. must contain information about the child such as age,test data and placement.

5. The I.E.P. must contain goals, objectives, how the objectives will be measured and starting and ending dates for the I.E.P.

6. Goals are general expectations such as:

   "Johnny will increase his knowledge of the environment."

7. Objectives are written specifically and should give the standard the child is expected to meet.

   Standards include: 3 consecutive times
   50% of the time
   4 trials out of 6 on 5 days

   Sample objective:
   "Johnny will be able to state what the weather is like correctly on 5 consecutive days."

8. Measurement can be done by teacher observation (backed up by observation data such as charts), student performance on a test, student product (a drawing), checklist ratings, etc.

#64 Handout

INDIVIDUAL EDUCATION PLAN

Name: Birthdate:

I.E.P. Date: Next I.E.P. Date:

Placement:

Test Data:

Individuals present at I.E.P. meeting:

Names: Titles:

Parent Contacts:
1. Date: ______________ Method: ________________________________
2. ______________ ________________________________

#64 Handout (continued)

NAME:	BEGINNING DATE	ENDING DATE	HOW MEASURED
1. GOAL:			
A. OBJECTIVE:			
B. OBJECTIVE:			
2. GOAL:			
A. OBJECTIVE:			
B. OBJECTIVE:			
3. GOAL:			
A. OBJECTIVE:			
B. OBJECTIVE:			
4. GOAL:			
A. OBJECTIVE:			
B. OBJECTIVE:			

HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM 1/85

THIS PAGE SHOULD BE REPRODUCED FOR ADDITIONAL PAGES. AN I.E.P. IS NOT LIMITED TO 4 GOALS. EACH INDIVIDUAL WORKING WITH THE CHILD MUST ASSIST IN DEVELOPING THE I.E.P.

#65 Handout

SCREENING FORM

CHILD: Harold Smith

Age: 3-4

INFORMATION

Physical

Intellectual

Language

Emotional and Behavioral

Social

Other

#66 Handout

STAFFING FORM

CHILD: Harold Smith AGE: 3-4

PLACEMENT & SERVICE RECOMMENDATIONS:

____

____

REASONS:

TEAM MEMBERS:

Name:	________________	Title:	____________
	________________		____________
	________________		____________
	________________		____________
	________________		____________
	________________		____________

I do/do not agree with the recommended placement for my child.

____

(Parent Signature)

REVIEW -- CHILD CARE II

OBJECTIVES

Students will review all handouts and information.

PERIOD 1:

INTRODUCTORY ACTIVITY

1. Working in pairs, have the students choose to be teacher of the child.
   Child may choose any handicap (and put it on from Kit.)
   Then teacher draws an activity and teaches the child.

2. Next, in group of five, have one person be teacher, one be the handicapped child, and others be "normal" preschoolers. Teacher draws an activity and then must teach it to the group.

3. Discussion
   -- Which was easier? Individual instruction or mainstreamed setting? Why?
   -- If you were a teacher in a preschool and given the option of taking a handicapped child
      a. What would you want to know?
      b. What would you need to consider before accepting a child?
      c. How would you feel about taking a handicapped child?
      d. What would you do if the center director said you had to take the child?

   Pass out handout on Teaching Handicapped Children in the Mainstreamed Setting (#67).

The folowing activities you can use for activities 1 and 2. Feel free to add any ideas of your own. Put them on cards and have the "teacher" draw it from the can after her child has selected the handicap. All pairs/groups can work at the same time.

Doing a puzzle
Coloring a picture
Stringing beads in a pattern
Listening to a story
Following directions
Playing "Simon Says"
Walking on a line or balance beam
Learning colors
Learning shapes
Counting

PERIOD 2:

Pass out descriptions of disabilities (#68).
Have students decide what the child's handicap is and what the teacher needs to do to help the child.

FOLLOW-UP

Mystery Words
Word Search on Handicaps

RESOURCES

All Past Handouts
New Handouts
- #67 Teaching Handicapped Children in Mainstreamed Settings
- #68 Handicapped Preschoolers
- #69 Handicap Review Mystery Word
- #70 Word Search

#67 Handout

TEACHING HANDICAPPED CHILDREN IN MAINSTREAMED SETTINGS

COMMON QUESTIONS ABOUT MAINSTREAMING

1. Should all handicapped children be mainstreamed?
   There are different opinions on this but the legal concept of "least restrictive alternative" is really the standard. The least restrictive alternative is the place where a handicapped child will be best able to grow to his or her potential.

2. Is a child always mainstreamed for the whole day?
   Sometimes, but often the child is mainstreamed only for the areas where it will be beneficial to him or her.

3. Who should be mainstreamed?
   This decision is often left up to the special education and general education teachers. In a private preschool it may be the director's decision.

4. What do I need to know, as a teacher, to make a good decision about mainstreaming a child?
   What is the child's handicap? How does it affect his movement, learning, language, and/or behavior? What is the rest of my class like and what are their needs? Is the assistance available (or do I have the skills) to modify the activities to help this child?

On the following page are descriptions of some children. All of them are not necessarily appropriate for mainstreaming. Some could be mainstreamed, but it may be a situation which calls for a teacher with particular abilities.

As the teacher of a class of preschoolers you are asked to take this handicapped child into your class. Treat each situation as if this is the only handicapped child you will be asked to take. For each child, answer the following questions:

1. Would you accept this child?
   a. Accept.
   b. Reject.
   c. Need more information.
   d. Accept if I get help.
2. Is there anything more you need to know about the child?
3. If you want additional help, what do you need the help for?
4. What will you do if the center director says you must take this child?

I. Randy is a child with hip displasia. What this means is he wears a brace that fits over his hip and then has a bar to to keep his legs apart at the knees. He can walk and climb with the braceand has no limitations, although he looks like a bow-legged cowboy when he walks. Due to the brace he needs some assistance in toileting. He is 4.

1.

2.

3.

4.

II. Marie is physically impaired and cannot walk. Her language is limited to single words. She is starting to feed herself. She is functioning at a trainable mentally retarded level. She is almost 5.

1.

2.

3.

4.

III. Darla has a severe language deficit. Basically she understands at a level about a year below her age and has no intelligible speech. Other than the language problems (which sometimes result in behavior difficulties) her abilities appear to be in the low average range. She is almost 4.

1.

2.

3.

4.

67 Handout (continued)

IV. Shawn has cerebral palsy. He walks fine but his right arm is involved. He can use it as an assisting hand and he receives therapy twice a week at the Easter Seals Center.

1.

2.

3.

4.

I#68 Handout

HANDICAPPED PRESCHOOLERS

We have studied various handicapping conditions and ideas for working with children with handicaps in the preschool setting. The following pages relate to handicapped preschoolers:

a. Match the term with the correct definition.
b. Explain at least one way to work effectively with a child with this problem,
or name an activity that can help the child adjust to the handicap or help other children understand the problem.

You should refer to the handouts you have received in Child Care I and II. You may also use your experiences in the program.

[illegible]

Terms:

autism
blind
cerebral palsy
deaf
emotionally disturbed
hearing impaired
language impaired
learning disabilities
mental retardation
physically impaired
speech impaired
visually impaired

1.a. ________________________ - below average intellectual functioning, and adaptive/social behavior. May be caused by inherited and/or environmental factors.

b. Suggestion or activity:

2.a. ________________________ - inability to use language or to communicate verbally so that speech is said to be delayed. (A small vocabulary and/or limited sentence structure.)

b. Suggestion or activity:

3.a. ________________________ - difficulty in receiving sound.

b. Suggestion or activity:

4.a. ________________________ - speaking patterns that are so different from the average that they interfere with communication.

b. Suggestion or activity:

# 68 Handout (continued)

5.a. ________________________ - a physical handicap usually present at birth; but may occur due to brain or head injury. May affect any combination of arms, legs, speech or language, hearing, vision or mental growth.

b. Suggestion or activity:

6.a. ________________________ - hearing is so impaired a hearing aid does not help with daily activities.

b. Suggestion or activity:

7.a. ________________________ - demonstrates an inability to learn to the best of his ability or to function in a socially acceptable manner and/or to cope with life situations.

b. Suggestion or activity:

#69 Handout

HANDICAP REVIEW WORDSEARCH

X R V A F B O O E Z Z H R X Z N K J H A
G W J D U J L D H E Z B H F J L K L X T
C N D Y D B T B P I U E Q Z W D X O R I
M J T J S H B U I A I S V W F Z H J E I
N N P B S B C L D Q X Q L C Q Q W E T F
C E R E B R A L P A L S Y X R W F Y A E
K E R V S L D I C F C E O R N P A Y R U
S Q L M R S T Y Z K L M A V J H U A D Q
H B K Q K Z N M T X R I H R K Y I S A D
J G D B P V E M V A Z L V I N S H Y T D
S W P I X E M Q L N Z P W Y C I F C I A
W P Q K I Z P Y J N T G H A K C N Z O V
L Q S U M T Q R F J E Z P W S A X G N K
M Y W H E E L C H A I R K Y X L M I I X
I H D E V E L O P M E N T A L H V L K U
S Y T U A F B O G P L G K U A E K C Q C
O P K K H A I M I P R G B P H A W Y T F
D O P C I T C E L Z F Q I H T L X W Y Y
E G Q K X M L T R P I N J F V T V Q R N
A V W L U E M O T I O N A L T H Q P Q R
F X S H S Z M M L A N G U A G E G D O Y
P R G S J Z N J I Q X Z J I E H D P L V
F J W B R A I L L E E O A E B C W X P B
Z F Y T V W V I S U A L L Y D H H F G Q
M B I A T S M J L T T X Y T F R T W O C

WORDS

RETARDATION
DEAF
CEREBRALPALSY
PHYSICALHEALTH
WHEELCHAIR
LANGUAGE
VISUALLY
EMOTIONAL
LEARNING
GIFTED
BRAILLE
DEVELOPMENTAL

#69A Teacher Key

KEY TO HANDICAP REVIEW WORDSEARCH

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. . . . . . . . . . . . . . . . . . . .
. . . . . . . . . . . . . . . . . . . .
. . . . . . . . . . . . . . . . . . R .
. . . . . . . . . . . . . . . . . . E .
. . . . . . . . . . . . . . . . . . T .
C E R E B R A L P A L S Y . . . . . A .
. . . . . . . . . . . E . . . P . . R .
. . . . . . . . . . . . A . . H . . D .
. . . . . . . . . . . . . R . Y . . A .
. . . . . . . . . . . . . . N S . . T .
. . . . . . . . . . . . . . . I . . I .
. . . . . . . . . . . . . . . C N . O .
. . . . . . . . . . . . . . . A . G N .
. . W H E E L C H A I R . . . L . . . .
. . D E V E L O P M E N T A L H . . . .
. . . . . . . . . . . . . . . E . . . .
. . . . . . . . . . . G . . . A . . . .
D . . . . . . . . . . . I . . L . . . .
E . . . . . . . . . . . . . F T . . . .
A . . . . E M O T I O N A L T H . . . .
F . . . . . . . L A N G U A G E . . . .
. . . . . . . . . . . . . . . . D . . .
. . . B R A I L L E . . . . . . . . . .
. . . . . . V I S U A L L Y . . . . . .
. . . . . . . . . . . . . . . . . . . .
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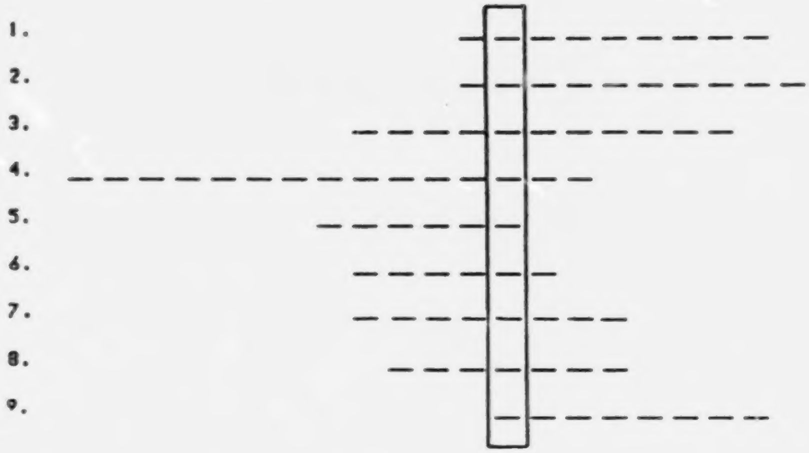
#70 Handout

REVIEW MYSTERY WORD

DIRECTIONS:
Fill in the missing words in the clues below. Then write the words in the blanks - one letter per space. The answer to your mystery word will appear in the marked box.



1. The first step in identifying children who may be handicapped is ______________________.
2. A child with a medical or health problem may be classified as ________________impaired.
3. A child with behavioral problems may be_____________ handicapped.
4. ____________disabled children may or may not be mentally retarded.
5. A child who uses materials in unique ways and has artistic talent could be__________________.
6. A child whose sentences are not as long as they should be has a language, not a________________impairment.
7. Most______________impaired children have some sight.
8. If a child is using an audiotrainer he is probably________ impaired.
9. A retarded child who will be an independent adult is_______ mentally retarded.

MYSTERY WORD:
Good_______ _______ is important for all young children - those with handicaps, those without problems, and those with special abilities.

BEST COPY AVAILABLE

#70A Teacher Key

KEY TO MYSTERY WORD REVIEW

1. SCREENING
2. PHYSICALLY
3. EMOTIONALLY
4. DEVELOPMENTALLY
5. GIFTED
6. SPEECH
7. VISUALLY
8. HEARING
9. EDUCABLE

ASSESSMENT

The Pinellas County, Florida school system utilizes traditional letter grades. Students are graded on text and class assignments as well as their laboratory experience(s) and on growth shown through the self-evaluation done by the high school students every week.

During the laboratory experience the students grade themselves subjectively as well as getting grades from the Child Care teacher. (Sample attached.)

For the pilot program, we have also administered a test of knowledge of handicaps on a pre- and posttest basis. Changes in attitudes have also been evaluated.

Preschool children are not graded. We have administered the Preschool Screening System to all the preschoolers. Additional assessments are made on the handicapped children to ascertain growth and changing needs. In addition, assessments for continued placement are conducted per district procedures.

TESTS OF KNOWLEDGE & ATTITUDE

To test for knowledge gain, the pilot project used the attached test to measure the gains of the high school students participating in the program. The following pre-post test was used only to measure program outcomes, not to determine student grades.

High school student grades were determined by the Child Care teacher based upon scores on teacher-made tests, class participation, project performance, and student self-evaluations.

To measure attitudes, the project used an inventory developed by the project, along with an inventory developed by Project FEED (for which permission to reproduce must be sought by those wishing to use the instrument.) We also asked for response to an open-ended set of questions. These we allowed students to answer anonymously, however, most signed their names anyway.

For your information, samples of the instruments (and the answer key for the Knowledge test) are in this chapter.

Copies of the instruments developed by this project are located in Appendix H if you wish to reproduce and use them.

Student Self-Assessment

This is designed for use by the students in evaluating their own performance. The home economics teacher can then respond to the rating scale and determine whether the student accurately is assessing her performance in the preschool.

Each student completes a self-assessment form at the end of every week. If problems exist in terms of realistic appraisal of skills and participation, the high school teacher must have a conference with the student. In this way skills are continually being refined and the ability to improve one's own performance is developed.

STUDENT SELF-ASSESSMENT USED TO DETERMINE STUDENT GROWTH DURING THE YEAR

Name______________________________

Periods_______Week of________

STUDENT
WEEKLY EVALUATION
of PRESCHOOL

Job Title this week:____

_____ Job performance
(you did the job required, did your share plus some! ,
and did your job well! .

_____ Use of class time
(does not waste time, works on Child Care during class.)

_____ Initiative
(figure things out on your own; see things that need
doing and do them.)

_____ Cooperation
(works well with classmates and teacher.)

_____ Attendance - circle days absent M T W TH F

_____ Total Score Grade_____

Rating Scale:

5 - Excellent	A	25-23
4 - Good	B	22-20
3 - Average	C	19-17
2 - Poor	D	16-14
1 - Unacceptable	F	13

Comments about the week: Things you enjoyed, suggestions for improvement
for yourself or your classmates, and the center.

Test of Knowledge

This test is given as a pretest and posttest measure to ascertain the knowledge students have attained regarding handicapped preschoolers. Overall class performance can also be used as an indication of need to change teaching strategies.

In the pilot program individual gains were assessed rather than an 80% = C for grading purposes.

High School/Preschool Partnership Program

Test of Knowledge

INSTRUCTIONS

1. Use a #2 lead pencil - do not use a pen or marker.
2. Please do not write in the test booklet.
3. Use a pink answer sheet for taking the test.
4. Follow these directions to complete the information needed on the answer sheet.
    a. Turn the answer sheet sideways.
    b. Write your teacher's name on the line by Instructor.
    c. Write the name of the class on the line by Course.
    d. Write the time this class begins on the line by Section.
    e. Write the word Pre-test on the line by Form.
    f. Write today's date on the line by Date.
    g. Print the letters of your name in the boxes. Put your last name first. Leave one space between your last name and your first name. Do not use a comma. Use your legal name - no nicknames.
    h. Darken the circle in the column under the letter that corresponds to the letter in the box.
    i. Turn the answer sheet vertically to mark your answers to test questions.
5. Mark your answers on the pink answer sheet by darkening the circle that has the letter of the answer you choose.
6. Darken the circle completely.
7. Do not make stray marks on the answer sheet.
8. If you change your answer, make sure the erasure is complete.
9. Do not tear or fold the answer sheet.

High School/Preschool Partnership Program

1. A child who has a physical handicap or a chronic health problem which may affect his or her development in other areas is:

   (a) mentally retarded
   (b) hearing impaired
   (c) language impaired
   (d) physically impaired

2. A child who has two or more handicaps such as physical impairment, mental retardation, visual impairment, or hearing impairment is:

   (a) learning disabled
   (b) multiply handicapped
   (c) emotionally handicapped
   (d) both (a) and (c) above

3. A child who has below average general intelligence, learns slowly, and has delayed adaptive and social behavior is:

   (a) multiply handicapped
   (b) learning disabled
   (c) mentally retarded
   (d) emotionally handicapped

4. A child who uses very short sentences and has a small vocabulary is:

   (a) multiply handicapped
   (b) learning disabled
   (c) language impaired
   (d) speech impaired

5. A child who has a hearing loss so severe that aid is needed in learning speech and language is:

   (a) language impaired
   (b) learning disabled
   (c) speech impaired
   (d) hearing impaired

6. A child who has average or above average intelligence but who has difficulty learning in one area is:

   (a) speech impaired
   (b) learning disabled
   (c) hearing impaired
   (d) language impaired

7. A child who is blind or who has difficulty in seeing and who needs help to use vision as a primary way to learn is:

   (a) learning disabled
   (b) multiply handicapped
   (c) physically impaired
   (d) visually impaired

8. A child who cannot learn in a regular school setting because of severe behavior problems which have not been helped with support and help from the counselors and teachers is:

   (a) multiply handicapped
   (b) emotionally handicapped
   (c) learning disabled
   (d) mentally retarded

9. A child who has problems communicating because he or she mispronounces words, stutters, or hesitates is:

   (a) speech impaired
   (b) language imapired
   (c) hearing impaired
   (d) physically impaired

10. A person who cannot learn subjects like reading and math but who can learn to do simple tasks in a supervised or sheltered setting is:

   (a) profoundly retarded
   (b) moderately retarded
   (c) severely retarded
   (d) mildly retarded

11. A person who needs another person to take total care of him or her is:

   (a) mildly retarded
   (b) moderately retarded
   (c) profoundly retarded
   (d) severely retarded

12. A person who can learn only basic self-care skills and who needs continual care and supervision is:

   (a) severely retarded
   (b) moderately retarded
   (c) profoundly retarded
   (d) mildly retarded

13. A person who can learn subjects like reading and math up to about a 3rd or 6th grade level and who can work and live alone is:

    (a) severely retarded
    (b) mildly retarded
    (c) moderately retarded
    (d) profoundly retarded

14. The label "educable mentally handicapped" is used to describe people who are:

    (a) severely retarded
    (b) mildly retarded
    (c) moderately retarded
    (d) profoundly retarded

15. The label "trainable mentally handicapped" is used to describe people who are:

    (a) severely retarded
    (b) mildly retarded
    (c) moderately retarded
    (d) profoundly retarded

16. Which of the following is NOT a major cause of physical handicaps?

    (a) injury before birth
    (b) poor health
    (c) accidents
    (d) injury during birth

17. Which of the following describes cerebral palsy?

    (a) a disorder resulting from an injury before or during birth
    (b) a disorder caused by an accident in early childhood
    (c) a disease inherited from the mother or father
    (d) both (a) and (b) above

18. Which of the following is NOT a symptom of seizures?

    (a) blank stare for a few seconds
    (b) convulsive movements of the body
    (c) slow heart beat for a few minutes
    (d) eyelids twitching

19. Asthma attacks occur especially when:

    (a) the child feels pressured or nervous
    (b) medication is being taken for the condition
    (c) there is little pollen in the air
    (d) the child eats too much sugar

20. Adaptive behavior is:

    (a) being able to live adequately within the home and community
    (b) changing your behavior so that others will accept you
    (c) accepting yourself as a good person
    (d) helping others change their behavior

21. To work well with mentally retarded children, you must be able to:

    (a) play a musical instrument
    (b) accept the children's limited abilities
    (c) work with children in large groups
    (d) make up new stories and activities

22. Bringing handicapped children into a regular classroom for instruction is known as:

    (a) attachment
    (b) affirmative action
    (c) orientation
    (d) mainstreaming

23. Determining a child's problem and special needs should be done by:

    (a) a team of people who are experts in different areas
    (b) any medical doctor
    (c) any trained teacher
    (d) a school psychologist

24. Grouping handicapped children with only other handicapped children is:

    (a) best for them because then everything can be planned to meet their needs
    (b) not always necessary and wise
    (c) useful for retarded children, in particular
    (d) always inappropriate and should never be done

25. Which of the following methods may be helpful in teaching handicapped children?

    (a) setting goals that can be easily understood and achieved by the child
    (b) sequencing small steps and rewarding small successes
    (c) making sure the child has plenty of activities to choose from
    (d) both (a) and (b) above

26. A child should be tested and start a specially planned program:
    - (a) after he or she is 2 years old
    - (b) in time for kindergarten
    - (c) as soon as a handicap is suspected
    - (d) after failing school one year

27. Labeling a child can be harmful because:
    - (a) the label may cause everyone to expect less of the child
    - (b) the label may be wrong and result in the child going to the wrong program
    - (c) it keeps the children from going to public school
    - (d) both (a) and (b) above

28. When a child follows your directions, he or she should be rewarded:
    - (a) at the end of the day
    - (b) immediately
    - (c) at the end of the week
    - (d) whenever you have time

29. An individual education program requires a written plan which includes:
    - (a) a description of the child's handicap
    - (b) the child's present level of performance
    - (c) annual and short term goals
    - (d) both (b) and (c) above

30. Children with limited vision or limited hearing should be:
    - (a) kept from doing many activities
    - (b) encouraged to participate in regular activities whenever possible
    - (c) sent to special schools to live
    - (d) always grouped with other children like themselves

31. When judging a child's behavior and performance you should:
    - (a) observe the child at least once
    - (b) give several different tests
    - (c) ask someone else to observe the child
    - (d) all of the above

32. It is okay to talk about children's test scores:

    (a) when planning a special program for the child with other teachers or the parents
    (b) when talking to only one or two other people around school
    (c) if you do not tell the child's name
    (d) both (b) and (c) above

33. Some parents may react to having a handicapped child by:

    (a) refusing to accept that the child is handicapped
    (b) refusing special help for their child
    (c) visiting several doctors looking for different answers
    (d) all of the above

34. Speech and hearing impaired children can be encouraged to talk by:

    (a) imitating their speech problem so they can hear how it sounds
    (b) listening carefully to them talk
    (c) ignoring their speech
    (d) talking for them

35. Children who are in a toilet training program should:

    (a) wear diapers until trained
    (b) be given only small amounts of liquid so accidents do not happen
    (c) wear appropriate size training pants
    (d) both (b) and (c) above

36. When handicapped children play with children who are not handicapped they:

    (a) become frustrated at times but should be encouraged to participate
    (b) do not learn anything because they are always slower
    (c) become frustrated and should not be put in that situation
    (d) should be forced to play with them so they can learn as much as possible

37. A child's performance on a developmental test can be affected by:

    (a) the skills the child has learned
    (b) fatigue
    (c) the relationship between the child and the person giving the test
    (d) all of the above

38. When a child is struggling to do something difficult, the parent should:

    (a) complete the task for the child
    (b) ignore the situation
    (c) encourage the child to keep trying
    (d) force the child to complete the task

39. Handicapped children have accidents more easily, so you should:

    (a) not report the accidents since they happen so often
    (b) give them responsibilities that you know they can handle
    (c) give them very few responsibilities
    (d) always shelter them from any possible harm

40. Toileting is one of the most difficult training tasks because:

    (a) the child has to have learned other related skills first
    (b) parents and other teachers must spend a lot of time on the toileting program
    (c) parents and teachers often disagree on the toileting training method
    (d) all of the above

41. Preschool years are considered a good time to place handicapped children in groups with other children because:

    (a) parents prefer this, and they are willing to let their children come to the center
    (b) it is possible for the handicapped children to see and copy new skills and learn more
    (c) young children need to be together even if they do not pay any attention to each other
    (d) handicapped children do not need to learn very much then so they can be helped just by playing with normal children

42. The ability of children to behave properly can be affected by their:

    (a) motor development
    (b) cognitive development
    (c) language development
    (d) all of the above

43. The most important factors in the success of a program which has handicapped and non-handicapped children together seem to be:

    (a) ability and attitude of the teacher(s)
    (b) the IQ and race of the children
    (c) the furniture and instructional materials
    (d) the number of children in each group and the number of groups

44. Decision-making skills should be taught to:

    (a) emotionally handicapped children
    (b) language impaired children
    (c) mentally retarded children
    (d) all of the above

45. When you are planning activities to help mentally retarded children with their language, you should plan to:

    (a) state and explain the directions for the activities
    (b) use activities with abstract words
    (c) use activities which require no direction
    (d) state the directions in a loud voice

46. Effective rewards can be:

    (a) hugs and smiles
    (b) food
    (c) playtime
    (d) all of the above

47. If a mentally retarded child does not talk you should:

    (a) decide that the child is deaf
    (b) avoid talking to the child
    (c) talk to the child anyway
    (d) assume that the child will not learn to speak

48. Children whose vision or hearing is impaired are likely to be:

    (a) inattentive and nonresponsive
    (b) restless and aggressive
    (c) eager to learn
    (d) both (a) and (b) above

49. When you plan a toilet-training program for a handicapped child you should understand that:

    (a) by age three, all children will show signs needed for toileting, such as not liking wet pants
    (b) it is best to start both bowel and bladder training at the same time
    (c) some children may not have the muscle control needed for bowel and bladder control
    (d) it is best if the child uses only the words used by the teacher to let the teacher know when he or she needs to use the toilet

50. Greg is a physically handicapped child who finds it hard to adjust to his handicap. You, as a child care aide, should:

   (a) discourage Greg from participating in activities and group play at the center
   (b) help Greg gain confidence in his ability to participate in the center's activities
   (c) make Greg understand that he should quit feeling sorry for himself
   (d) ask that Greg only be given activities which he can do by himself

51. For mentally retarded children to learn, it is necessary to:

   (a) allow the children to choose what they want to do
   (b) not allow the children to imitate adult's actions
   (c) repeat activities and have practice sessions
   (d) have the children work on only one activity all day long

52. When working with a child who has a speech or hearing problem, an adult should NOT:

   (a) speak slowly to the child
   (b) involve the child in group activities
   (c) speak for the child
   (d) face the child when speaking

53. Your goal when working with handicapped children should be to:

   (a) emphasize the children's limitations
   (b) help the children develop independence
   (c) encourage the children to let you help them
   (d) both (a) and (c) above

54. Janna Kay, a blind child, has been at the center a little over a year. She is familiar with the activities at the center. When she plays with other children you should:

   (a) talk to Janna Kay and explain that she is unable to participate in some of the activities because she is blind
   (b) caution Janna Kay about some of the activities that may cause her danger
   (c) encourage her to play the same games as the other children at the center
   (d) both (a) and (b) above

55. Shannon is a child at the center who has delayed language. Most likely, you can expect Shannon to have a:

   (a) very small vocabulary
   (b) very loud harsh voice
   (c) lisp
   (d) stuttering problem

You are observing the handicapped children at the center. You hope that their behavior will give you a clue to the kinds of activities that you need to plan. For items 56-60 select the BEST type of activity for each child.

56. Kim lacks coordination and needs to develop better body balance.

(a) arts and crafts
(b) motor skills
(c) music
(d) circle time

57. Tracey seems tense and needs to feel satisfaction from making something useful.

(a) circle time
(b) music
(c) motor skills
(d) arts and crafts

58. Jodie knows little about the world in which she lives.

(a) circle time
(b) science and nature
(c) arts and crafts
(d) story time

59. Jamie rocks and taps his fingers on the table.

(a) motor skills
(b) arts and crafts
(c) music
(d) science and nature

60. Angela has difficulty remembering time sequences.

(a) music
(b) story time
(c) science and nature
(d) circle time

Answer Key

Test of Knowledge

1. d
2. b
3. c
4. c
5. d
6. b
7. c
8. b
9. a
10. b
11. c
12. a
13. b
14. b
15. c
16. b
17. d
18. c
19. a
20. a
21. b
22. d
23. a
24. b
25. d
26. c
27. d
28. b
29. d
30. b
31. d
32. a
33. d
34. b
35. c
36. a
37. d
38. c
39. b
40. d
41. b
42. d
43. a
44. d
45. a
46. d
47. c
48. d
49. c
50. b
51. c
52. c
53. b
54. b
55. a
56. b
57. d
58. b
59. c
60. d

Three attitude surveys may be used:

Attitudes About Handicapped Children
Your Opinions About Handicapped Children (Project FEED)
Course Evaluation

As with any attitudinal instrument, the use of generalized statements is difficult for some students.

One reason for the use of the attitudinal surveys is simply to create an awareness of one's own feelings. In reality, lower scores can be obtained when knowledge increases, so specific scores may or may not be indicative of attitudinal change.

The anonymous course evaluation often reflects changes best and puts the students' feelings about handicapped children into the perspective of part of the whole class.

Attitudes About Handicapped Children

The administration and scoring procedures are given on the Teacher's Key. This instrument was designed specifically for the HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM.

NAME:____

PERIOD:________________DATE:_______________

ATTITUDES ABOUT HANDICAPPED CHILDREN

DIRECTIONS: Read the following statements and check the response to the RIGHT that best indicates your feelings about the statement. (Do not do anything with the lines to the left at this time.) PLEASE ANSWER EVERY QUESTION

SA = Strongly Agree A = Agree U = Undecided D = Disagree SD = Strongly Disagree

		SA	A	U	D	SD
____	1. I feel uncomfortable when I am around handicapped people.					
____	2. Handicapped children seem to be as happy as non-handicapped children.					
____	3. Most handicapped children get discouraged very easily.					
____	4. Handicapped children can be upset easier than normal children.					
____	5. Handicapped children are usually friendly.					
____	6. Most handicapped children don't need special attention.					
____	7. You have to be careful of what you say when you are around handicapped children.					
____	8. Handicapped children are just as aggressive as normal children.					
____	9. Handicapped children should not have to compete with normal children.					
____	10. Handicapped children are as easy to get along with as other children.					
____	11. Handicapped children are not as emotional as other children.					
____	12. Handicapped children show as much enthusiasm as normal children.					
____	13. Most handicapped children want more affection and praise than other children.					
____	14. Handicapped children are usually unattractive.					
____	15. Handicapped children should not be expected to meet the same standards as other children.					
____	16. Handicapped children are just as self-confident as normal children.					
____	17. Teachers of handicapped children should be less strict than teachers of other children.					
____	18. Handicapped children are often grouchy.					
____	19. Physically handicapped children are just as intelligent as non-handicapped children.					
____	20. There shouldn't be special schools for handicapped children.					

____ TOTAL

Teacher Key

ATTITUDE ABOUT HANDICAPPED CHILDREN

OBJECTIVE: After completing an attitude inventory the student will develop an awareness of her/his own attitudes about handicapped children. (Note: Attitudes are measured in terms of acceptance of handicapped children as being similar to the non-handicapped, as opposed to knowledge of the actual needs of handicapped children.)

DIRECTIONS FOR SCORING: Use the score conversion key to determine the point values for the checked answers. Place the numerical value in the blank preceding each statement. Total these scores, being careful of positive and negative signs. Compare the total score to the Attitude Key.

CONVERSION KEY:

	SA	A	U	D	SD
1.	-2	-1	0	+1	+2
2.	+2	+1	0	-1	-2
3.	-2	-1	0	+1	+2
4.	-2	-1	0	+1	+2
5.	+2	+1	0	-1	-2
6.	+2	+1	0	-1	-2
7.	-2	-1	0	+1	+2
8.	+2	+1	0	-1	-2
9.	-2	-1	0	+1	+2
10.	+2	+1	0	-1	-2
11.	-2	-1	0	+1	+2
12.	+2	+1	0	-1	-2
13.	-2	-1	0	+1	+2
14.	-2	-1	0	+1	+2
15.	-2	-1	0	+1	+2
16.	+2	+1	0	-1	-2
17.	-2	-1	0	+1	+2
18.	-2	-1	0	+1	+2
19.	+2	+1	0	-1	-2
20.	+2	+1	0	-1	-2

ATTITUDE KEY:

Very accepting	30 to 40
Accepting	11 to 29
Unsure	-10 to 10
Non-accepting	-40 to -11

YOUR OPINIONS ABOUT HANDICAPPED CHILDREN

YOUR SCHOOL Sample

TODAYS DATE

Listed below are a number of statements about handicapped children. You will agree with some and disagree with others. Read each item and indicate how much you agree or disagree by circling your opinion after each statement. Circle only one.

SA = Strongly Agree
A = Agree
U = Uncertain
D = Disagree
SD = Strongly Disagree

Here is an example:

5. Some children are born handicapped and there is nothing you can do to help them. SA A U D [✓ SD]

This would mean that you strongly disagree with the statement/that you believe there is a lot you can do to help handicapped children.

Be sure to give your opinions on every statement. THERE ARE NO RIGHT OR WRONG ANSWERS.

YOUR OPINIONS ABOUT HANDICAPPED CHILDREN

This instrument was designed by Project FEED and will require their permission to use it. A response of "Strongly Disagree" indicates open acceptance of handicapped children. All items are structured in the same direction.

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	Strongly Agree SA	Agree A	Uncertain U	Disagree D	Strongly Disagree SD
1. Handicapped children are more of a burden than a blessing.	SA	A	U	D	SD
2. Looking after handicapped children demands too much time.	SA	A	U	D	SD
3. A handicapped child should never be allowed to take the slighest risk.	SA	A	U	D	SD
4. A handicapped child needs to be hugged, kissed, and fondled.	SA	A	U	D	SD
5. Some children are born handicapped and there is nothing you can do to help them.	SA	A	U	D	SD
6. Parents have little control over the way their handicapped children turn out.	SA	A	U	D	SD
7. Handicapped children should never go to the same school as normal children.	SA	A	U	D	SD
8. If parents have a handicapped child and a normal child, it would be best for everyone if they sent the handicapped child to a hospital.	SA	A	U	D	SD
9. It is unfair to let normal children play with handicapped children.	SA	A	U	D	SD
10. It is a mistake to keep a handicapped child in the home with the rest of the family.	SA	A	U	D	SD
11. Handicapped children belong with their own kind.	SA	A	U	D	SD
12. When children are handicapped, there is nothing parents can do to help them.	SA	A	U	D	SD
13. Handicapped children play best with other handicapped children.	SA	A	U	D	SD

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
	SA	A	U	D	SD
14. Handicapped children require much more strict watching than normal children.	SA	A	U	D	SD
15. It would be best to establish separate communities for the handicapped so that they would not feel out of place.	SA	A	U	D	SD
16. Handicapped children cannot do very much without help.	SA	A	U	D	SD
17. All handicapped children should be treated the same since they are different from normal children.	SA	A	U	D	SD
18. It is impossible to take care of handicapped children.	SA	A	U	D	SD
19. Handicapped children cannot be taught very much.	SA	A	U	D	SD
20. It is difficult to love a handicapped child very much.	SA	A	U	D	SD
21. Parents who have handicapped children are very unlucky.	SA	A	U	D	SD
22. Handicapped children are very loving and lovable.	SA	A	U	D	SD

COURSE EVALUATION

1. The thing I liked most about this class was:

2. The thing I liked least about this class was:

3. The most important thing I learned in Child Care is:

4. The one thing I would change in this course is:

5. Have your attitudes toward handicapped children changed?
   If so, how?

[illegible]

ASSESSING THE PRESCHOOL CHILDREN

The screening inventory successfully utilized in the Pilot project is the Preschool Screening System by ERIN. The students learn it, easily, and can administer it well. The screening activity assists the students by reinforcing developmental milestones and by helping them to view the child as a composite of different areas. We have used this for all the children.

Attitudes are measured indirectly by a survey sent home to parents. Different forms are sent home to the parents of handicapped and non-handicapped children.

Information from the Preschool Assessments are shared with parents.

Attached are samples of:

(1) Preschool Screening System (ERIN)
(2) Parent Information Sheet
(3) Children's Attitude Surveys

__Preschool Screening System__ (PSS)

The PSS has a developmental base and is made for use with 3-5 year olds. It looks at the students' ability in three areas: language, visual-perceptual-motor, and body awareness and control. (A companion instrument is available to assess social skills.)

There are norm-referenced scores and an overall developmental age can be obtained.

__Memo__

This was designed by the HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM to explain the child's testing to parents. Rather than scores, the following terms are used:

Outstanding
Good
Needs more work

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PRESCHOOL SCREENING SYSTEM
CHILD RECORD FORM

REVISED 1980 FOR CHILDREN 2^6 to 5^9

Child's Name ______________________ Sex ____

Address ______________________

Examiner ______________ Place ____________

	year	month	day
Test Date			
Birth Date			
Age			

SCORING SUMMARY

BASIC FORM

(✓) **DECISION:** Child OK ____ Rescreen Child ____
Use PSS Clusters ____ Assess Program Need ____

ALTERNATE FORMS

Scored on page 3 — Raw Score — % Range

CHILD RECORD FORM

	Raw Score	% Range	Norm Tables From Management
TOTAL PSS SCORE	–		__ grade p __ __ age p __

SHORT FORM TOTAL
Prescreen, follow with Total PSS if needed ____ ____

NON-LANGUAGE TOTAL
For non-English speaking or non-verbal child ____ ____

DEVELOPMENTAL QUESTIONNAIRE
(Associated Parent Data)

	Raw Score	% Range
Behavioral Characteristics	____	____
Medical History	____	____
Developmental History	____	____

CLUSTER SCORE ANALYSIS or DEVELOPMENTAL AGE SCORES
(scored on page 4)
Follow-up on at-risk children

TEST OBSERVATIONS

Check one for each category:

BODY AWARENESS/CONTROL: precise ___ OK ___
not efficient in body movement ___

VISUAL-PERCEPTUAL-MOTOR:

Eye Control: follows easily ___ imprecise ___
rubs eyes/other problems (describe) ___

Hand Use: right ___ left ___ both ___
fisted/unusual pencil grasp ___

LANGUAGE SKILLS:

Understanding: experiences no difficulty ___
seems not to get directions at times ___

Speech: clear ___ partially clear ___
unclear ___

Check where applicable:

SOCIAL SKILLS:
___ couldn't separate from mother
___ needed much help
___ silly ___ babyish ___ unresponsive
___ fearful ___ cried ___ strong willed

SELF-ORGANIZATION:
___ overactive ___ too talkative
___ impulsive ___ distractible
___ doesn't listen/attend ___ overly controlled

OTHER:
___ test took excessively long
___ child sleepy or sick
___ mother helped child during test
___ examiner thought child could do better
___ passive or active resistance to test

TEST ADMINISTRATION

NOTE WITH CHILDREN 2-6 to 4-3...
START WITH FIRST SUBTEST ITEM in each subtest section (9 subtests begin in a green field, 6 in white)

NOTE WITH CHILDREN 4-4 to 5-9...
START WITH WHITE SECTION of each subtest; do not add in scores from green sections

Scoring	GENERAL INFORMATION
0 1 2	What is your name? *first & last = 2, first = 1*
0 1 2	How old are you? *says correctly = 2* *holds up fingers correctly = 1*
	GI SUBTOTAL

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292.

BODY AWARENESS & CONTROL SUBTESTS

MOVEMENT PATTERNS

Scoring	
0 1	Jumps, feet together
0 1 2 3	Climbs, stands on, jumps off...chair
0 1 2	Hops 5 times; *1 for doing each foot*

CLAPPING

Scoring	
0 1	Clap-Clap (in front)
0 1 2	Up-Down; *number correct out of 2*
0 1 2	Slap-Clap-Clap; *no. correct out of 2*
0 1 2 3	Front-Front-Back *no. correct out of 3 in first trial, or 1 for any in second*
	-----------------------------------*
0 1 2	Diagonal Claps; *no. correct out of 2*

BODY DIRECTIONS

Scoring	
0 1	Put this block on top of your head
0 1	Stand behind your chair
0 1	Stand beside me
0 1	Put this pencil in back of, then in front of you
0 1	Put this pencil above your head and then behind you
0 1	Put the pencil between us and then nearer to you
0 1	Take two steps forward and one step backwards
0 1	Take three steps toward me and then turn and face away from me
	-----------------------------------*
0 1	Turn to your right
0 1	Touch your right ear with your left hand
0 1	Turn right, two steps backwards and then turn left

Sit Down!

FINGER PATTERNS

Scoring	
0 1	Pick up penny
0 1	Touch index finger
0 1	Touch baby finger
0 1	Make a pointer
0 1 2	Hands Separate - *1 for each hand*
0 1 2	Hands Together, Trial 1 *2 = under 7 seconds, 1 = 7" or over (1 for reverse pattern)*
0 1 2	Hands Together, Trial 2 *2 = under 7"; 1 = 7" or over (1 for reverse pattern)*
	-----------------------------------*
0 1 2	Thumb to 2, 4, 3, 5. *(Do only if child got one Hands Together trial correct, 1 or 2 points.) 2 = under 7"; 1 = 7" or over*
	BODY AWARENESS & CONTROL SUBTOTAL

* Items below line difficult for young child

VISUAL-PERCEPTUAL-MOTOR SUBTESTS

COPY SHAPES

Scoring		
0 1	Vertical line	*Score from examples in the manual*
0 1	Horizontal line	
0 1	Circle	
0 1	Cross	
0 1 2	Circle	*Score from examples in the manual*
0 1 2	Square	
0 1 2	Spacing	

VISUAL INTEGRATION

Scoring	
0 1	______________ *House (garage, rocket)*
0 1	______________ *Any animal*
0 1	______________ *See manual for answers*
0 1	Find the sun ________
0 1	Find the cat ________

SPATIAL DIRECTIONS

Scoring	
0 1	Put the penny on the box *(put penny in hand if necessary)*
0 1	Put the penny under the box
0 1	Put the penny and the pencil beside the box
0 1	Draw a ball inside the box
0 1	Draw a ball above the box
0 1	Draw a big circle and put a little one up on top of it
0 1	Draw a line from the bottom of the page to the box
0 1	Draw a line from the right hand side of the page to the box
	-----------------------------------*
0 1	Draw an X in the upper left hand corner of the page
0 1	Draw a smaller X between this one and the box, and put a line under it
0 1	Turn your page over, draw an X, put a circle beside the X and then draw a square around both

DRAW A PERSON

Scoring	
☐	*Score from checklist in manual*
	VISUAL-PERCEPTUAL-MOTOR SUBTOTAL

Examiners Notes:

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LANGUAGE SUBTESTS

Scoring	SERIAL COUNTING
0 1	**Forward to 3**
0 1 2 3	Forwards 1 - 10 3 = *under 7 seconds* 2 = *7" or over, 1 = count 1-5)*
0 1 2 3	Backwards 10 - 1 (3 = *under 7",* *2 = 7" or over, 1 = count 5 - 1)*
0 1 2	Count to 10 by 2's *2 = without help* *1 = examiner prompting 2, 4*

	PHRASES
0 1	**Run Rabbit**
0 1	**Poor Bo-Peep**
0 1	**Bobby's Baby Book**
0 1	Ah-Man-Ee
0 1	Laudy-Tu-Dum
0 1	Tum Tittee Um Tum Tum
0 1	Above and Below
0 1	Behind and Ahead
0 1	Intercontinental

SENTENCES

Please pass the meat and peas (6)....

In the first inning,
Tom hit the ball (8)..............

Joan and Jane had a
chocolate sundae
after the movie yesterday(11).....

Child's Total (words) ____

Conversion Scores (CS)

ages 2-6 to 4-3 Child's Total	•*ages 4-4 to 5-9* Child's Total
0 = 0	0 - 4 = 0
1 - 4 = 1	5 - 9 = 1
5 - 7 = 2	10 - 12 = 2
8 - 9 = 3	13 - 15 = 3
10 - 11 = 4	16 - 20 = 4
12 - 13 = 5	21 - 22 = 5
14 - 15 = 6	23 = 6
16 - 19 = 7	24 = 7
20 - 25 = 8	25 = 8

CS ☐

	VERBAL REASONING
0 1	Mommy is a woman, Daddy is a ________
0 1	A refrigerator is cold, a stove ________
0 1	You look with your eyes, you listen ____
0 1	Boys can jump, they also can ________
0 1	A floor is hard, a bed is ________
0 1	A cat and a dog are both ________
0 1	You and I walk, a bird ________
0 1	A ball, a truck and a doll ________
0 1	A bed is inside, a tree is ________
0 1 2	A bird flies over the water, a fish ____
	LANGUAGE SUBTOTAL

OTHER SUBTESTS

Scoring	QUANTITY RECOGNITION
0 1	Two fingers
0 1	Five fingers
0 1	Three fingers

	READ SHAPES
0 1	____________ ("x", *cross)*
0 1	____________ *(circle, 0)*
0 1	____________ *(line, I, L, 1)*
0 1	____________ *(square, rectangle)*
0 1	____________ *(triangle)*
	QR & RS SUBTOTAL

Add for PSS Total

____**General Information (p1, fo2^6-4^3)**

____Body Awareness & Control (p2, column 1)

____Visual-Perceptual-Motor (p2, column 2)

____Language (p3, column 1)

____Other subtests (QR & RS)

☐ **TOTAL PSS SCORE** (CHECK YOUR ADDITION)

▶ Compute Short Form & Non-Language Totals

Body Directions	___	Movement Patterns	___
Copy Shapes	___	Clapping	___
Serial Counting	___	Finger Patterns	___
Sentences	___	Copy Shapes	___
Verbal Reasoning	___	Draw-A-Person	___
SHORT FORM	☐	**NON-LANGUAGE**	☐

▶ Compute Imitation & Learned Skill Totals

Movement Patterns	___	**General Information**	___
Clapping	___	Serial Counting	___
Finger Patterns	___	Verbal Reasoning	___
Phrases	___	Quantity Recognition	___
Sentences	___	Read Shapes	___
IMITATION	☐	**LEARNED SKILLS**	☐

CLUSTER SCORE ANALYSIS (see page 4)

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PSS BREAKDOWN & PROFILE OF LEARNING SKILLS/EXPERIENCES

	MODALITY Clusters			EXPERIENCE Clusters		PARENT	TOTAL	
SKILL AREA	BAC	VPM	Language	Imitation	Learned Skills	Beh. Char.	PSS	SKILL AREA
RAW SCORE								RAW SCORE
CLUSTER SCORE								CLUSTER SCORE
90-99 10								10 90-99
80-89 9								9 80-89
70-79 8								8 70-79
60-69 7								7 60-69
50-59 6								6 50-59
40-49 5								5 40-49
30-39 4								4 30-39
20-29 3								3 20-29
10-19 2								2 10-19
0-9 1								1 0-9

PSS END OF YEAR REVIEW OF CHILD'S DEVELOPMENTAL PROGRESS

STEP 1: For PRE TEST (left column below) and POST TEST (right column), transfer the Child's CA or Chronological Age (from the top right hand corner of page 1 of the Child Record Form), and the Total PSS Score (from the Score Summary also on page 1). Then look up the DA or Developmental Age from the Orange tables in the manual, and put this number in the DA box for both the pre and post tests.
Note: both the DA and CA are in months (i.e., 4 years-4 months = 52 months).

☐ PRE TEST CA (Chronological Age)

☐ POST TEST CA (Chronological Age in months)

____ PRE TEST Total PSS Score

____ POST TEST Total PSS Score (same age form of test as at Pre)

☐ PRE TEST DA (Developmental Age)

☐ POST TEST DA (Developmental Age)

STEP 2: Calculate the EXPECTED POST TEST DA (Developmental Age) as follows:

EXPECTED POST TEST DA = $\frac{\text{PRE TEST DA}}{\text{PRE TEST CA}}$ X POST TEST CA = $\frac{(\quad)}{(\quad)}$ X ( ) = ________ = ○

STEP 3: Compute the DI (Developmental Increase) of the child due to your program; note that this increase represents the extra months of growth corrected for child's rate of growth.

DI = POST TEST DA minus EXPECTED POST TEST DA = ( ) - ( ) = ☐*

*This DI Score is suggestive only for one child; but for a group of children of 10 or more this is a good indicator of the effects of the program. Use formula in Section Nine of the manual to compute the gains of the group as a result of the children's program.

pinellas county schools **MEMO**

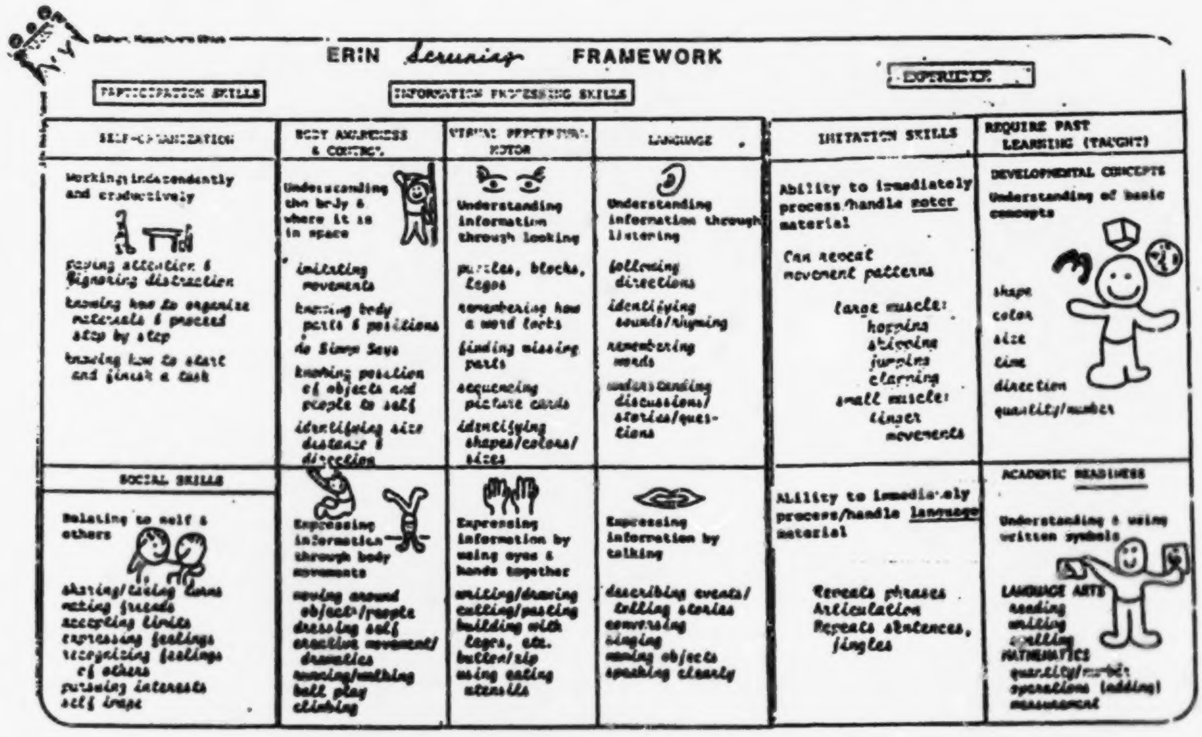
HIGH SCHOOL/PRESCHOOL
PARTNERSHIP PROGRAM

Dear Parents,

Here are the results of the screening we did with your child this spring.

A description of the areas measured is above your child's profile. This will allow you to understand the terms used in each area and the types of activities they relate to. Participating skills have been measured by observation of your child in the classroom. All ratings are done comparing your child to other children his/her age.

Child:______________________________ Age:________ Screening Date:______________
Yrs.-Mos.



ERIN *Screening* FRAMEWORK

PARTICIPATION SKILLS	INFORMATION PROCESSING SKILLS			[illegible]	
SELF-ORGANIZATION	BODY AWARENESS & CONTROL	VISUAL PERCEPTUAL MOTOR	LANGUAGE	IMITATION SKILLS	REQUIRE PAST LEARNING (TAUGHT)
Working independently and productively paying attention & ignoring distraction knowing how to organize materials & proceed step by step knowing how to start and finish a task	Understanding the body & where it is in space imitating movements knowing body parts & positions do Simon Says knowing position of objects and people to self identifying size distance & direction	Understanding information through looking puzzles, blocks, Legos remembering how a word looks finding missing parts sequencing picture cards identifying shapes/colors/sizes	Understanding information through listening following directions identifying sounds/rhyming remembering words understanding discussions/stories/questions	Ability to immediately process/handle motor material Can repeat movement patterns large muscle: hopping skipping jumping clapping small muscle: finger movements	DEVELOPMENTAL CONCEPTS Understanding of basic concepts shape color size time direction quantity/number
SOCIAL SKILLS					ACADEMIC READINESS
Relating to self & others sharing/taking turns making friends accepting limits expressing feelings recognizing feelings of others pursuing interests self image	Expressing information through body movements moving around objects/people dressing self creative movement/dramatics running/walking ball play climbing	Expressing information by using eyes & hands together writing/drawing cutting/pasting building with Legos, etc. button/zip using eating utensils	Expressing information by talking describing events/telling stories conversing singing naming objects speaking clearly	Ability to immediately process/handle language material Repeats phrases Articulation Repeats sentences, jingles	Understanding & using written symbols LANGUAGE ARTS reading writing spelling MATHEMATICS quantity/number operations (adding) measurement

Child's Rating						

Sincerely,
Jenelle R. Johnson-Jenkins

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PRESCHOOL CHILDREN'S ATTITUDES

The attitudes of the handicapped children are measured indirectly. The forms are given to the parents to fill out regarding their feelings and their children's reactions to others in the class.

ATTITUDE SURVEY

Please respond to each item below by checking the box that best shows how you feel about the statement.

	Strongly Agree	Agree	No opinion	Disagree	Strongly Disagree	Don't Know
1. My child has learned alot in preschool						
2. My child likes going to preschool						
3. The high school students do a good job of instructing and guiding the children						
4. My child has noticed that some of the children in the clas are handicapped						
5. My child views the handicapped children positively						
6. I think the non-handicapped children and the handicapped children being together is a good idea						

7. If I had one wish about the program, it would be:

8. Comments:

[illegible]

ATTITUDE SURVEY

Please respond to each item below by checking the box that best shows how you feel about the statement:

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Don't Know
1. My child has learned alot in preschool						
2. My child likes going to preschool						
3. The high school students do a good job of instructing and guiding the children						
4. My child views himself/herself as different from the non-handicapped children in the program						
5. I think the non-handicapped children and the handicapped children being together is a good idea						

6. If I had one wish about the program, it would be:

7. Comments:

[illegible]

GLOSSARY OF SPECIAL EDUCATION TERMS

For ease of use this glossary has been divided into three sections:

A. Definitions of Terms Associated with Handicapping Conditions

B. Careers Related to Working with Individuals with Handicaps

C. Special Education Processes and Programs

The definitions in this glossary were obtained by summarizing and combining the definitions in a variety of publications including those provided in both federal and state laws.

Glossary of:

HANDICAPPING CONDITIONS

Autism	A childhood disorder rendering the child non-communicative and withdrawn.
Disability	A physical, mental, or sensory impairment, it may or may not be a handicap.
Emotionally Handicapped (EH)	Individuals whose emotional/behavioral functioning interferes with their ability to learn and/or to behave in a sociall acceptable manner, and/or cope with life situations. Behaviors vary and may include aggression, withdrawal, depression, physical problems, repression, fears, dependence, perfectionism, etc.
Educable Mentally Retarded (EMR) New state name is (EMH) i.e. Handicapped	Individuals who exhibit mild mental retardation. It is generally considered that with special programming they will attain at least fourth to sixth grade academic competencies after high school and will be independent adults.
Handicapping Conditions	Physical, sensory, intellectual or emotional impairments which affect an individual's ability to function. This impairment may or may not effect an individual's education and thus may or may not require special educational services.
Hearing Impairment	An auditory (hearing) deficit whether permanent or fluctuating which affects an individual's educational performance, particularly normal development of language. It is determined by medical (otologic) and audiologic evaluations, and may include the hard of hearing, severe hearing handicapped, and deaf. It may or may not effect an individual's educational performance, and/or require services.
Language Handicap	A delay or deviance in the acquisition of prelinguistic skills, or receptive or expressive skills or both, of oral communication. Problems resulting from a lack of or inappropriate models are not included.

Orthopedic Handicapped	See Physically Impaired/Physically Handicapped.
Physically Impaired/ Handicapped	Orthopedic impairment which affects an individual's educational performance. Congenital and acquired physical defects, organic diseases, or health conditions which hinder a child's achievement of normal growth and development. It may or may not require EEN services.
Severely Mentally Handicapped	Individual with measured intelligence of four to five standard deviations below the mean. Individuals will be dependent but can learn and are entitled to a free appropriate education.
SLD	Specific Learning Disability. See LD
Speech Handicap	Articulation and voice problems. Individual is considered for EEN services if this deficit adversely affects his/her education or causes social difficulties.
Trainable Mentally Handicapped (TMH)	Individual who is mentally retarded and will with special programming usually attain a maximal academic level of third grade, and will with self-help and vocational training function semi-dependently or dependently as an adult.
Visual Impairment	A visual impairment as determined by a a medical examination. It includes reduced vision, peripheral field and central vision loss, ocular motility difficulties, lack of accommodation, and other handicapping conditions which may affect visual functioning in the future. When such difficulties affect educational performance, the student is an EEN student.

Learning Disabilities (LD)	Severe or unique learning problems due to difficulties in acquiring, organizaing, and/or expressing information as manifested in significantly impaired school functioning in reading, writing, spelling, mathematical reasoning or calculation. The term excludes individuals whose learning problems are due to other handicapping conditions, motivation, extended absence or inadequate instruction. Such programs should not be construed as remedial programs (always refer to the most recent district guidelines for determining learning disabilities.)
Mental Retardation (MR)	Significantly subaverage general intellectual functioning existing concurrently with deficiencies in adaptive behavior manifested during the development period. (American Association on Mental Deficiency - Grossman, 1973). For EEN placement, such functioning must affect educational performance.
Mildly Mentally Handicapped	Individual with measured intcelligence of two to three standard deviations below the mean. While needing special education to enhance academic and independent living skills, students tend to be more like than unlike their "normal" peers. (See Educable Mentally Handicapped).
Moderately Mentally Handicapped	Individual with measured intelligence of three to four standard deviations below the mean. Individual will generally have low academic functioning, can learn vocational and self-help skills, but will generally be at least semi-dependent in adulthood. (See Trainable Mentally Handicapped).
Multi-handicapped Multiple Handicaps	A combination of handicapping conditions. For special education programs each handicap must be of such a nature that the student's needs cannot be accommodated in one particular special education program.

Glossary of:

EDUCATIONAL PROCESSES & PROGRAMS

Occupational Therapist (O.T.R.)	Registered Occupational Therapist. Individual trained in and having licensure in occupational therapy. The O.T. and the teacher usually work together.
Physical Therapist (R.P.T.)	Registered Physical Therapist. Individual trained in and having licensure in physical therapy. The P.T. may work with the student, family, attendant and teacher to enhance the program.
Regular Education Teacher	Teacher certified from Kindergarten to Grade 12 for teaching nonhandicapped youngsters. It may include special curriculum area teachers such as art, music, physical education, librarian and departmental areas in the secondary school.
School Psychologist	Personnel specifically trained as psychologists in the schools. They administer tests and assist in evaluating the ability to learn and in determining learning styles. They may be involved in M-teams, counseling, and in consulting with teachers in facilitating the emotional growth of all students.
Social Worker	A person who does any service or activity designed to promote the welfare of the community and the individual, as through health and psychology clinics, recreation halls and playgrounds, aid for the needy, the aged, and the physically handicapped.
Special Education Program Aide or Exeptional Student Education Aide	Individual with licensure to work as a support person in a special education program under direct supervision of a special education teacher.
Special Education Teachers or Exceptional Student Education Teachers	Individuals who are certified to and are teaching in a special education class. Most frequently thought to refer to teachers of the mentally retarded, learning disabled, and emotionally disturbed, it includes these but also includes a certified teacher in any other area of special education.

Speech and Language Therapist	Individual trained in and holding licensure in Speech and Language Therapy. He/she works with students exhibiting speech and language deficits and developmental delays. He/she also can work with the teacher.
Support Personnel	Personnel in the school who work with students on a supplemental basis and who provide consultant services to teachers. Support personnel include, counselors, psychologists, nurses, etc.

Glossary of:

POSITIONS RELATED TO INDIVIDUALS WITH HANDICAPS

Board	Board of Education. If a specific Board is meant the school district name is included.
Child Advocate	Any person representing the child during the staffing process or at a Board hearing; may be the parent.
Child Find	An organized effort to locate and screen children with possible exceptional educational needs from birth to age 21 years who are presently receiving inappropriate or no educational services.
Cumulative Folder	The file containing all information relating to the regular school program. It must be housed in the classroom or in an office in the school. If a child has been referred or is taking part in special education, reference will be shown that another file exists. Parents have the right to view this
Due Process	A series of steps which assures the rights of the parent and child to be fully informed and included in any decisions which alter or otherwise affect the child's education.
Evaluation	Includes achievement testing, psychological (both intellectual and personality) testing, medical examination, and other evaluations deemed necessary to ascertain the existence of handicapping conditions, and whether and what type of special education services are needed.
Exceptional Education	See Special Education
Free Appropriate Education	All children must be provided an appropriate education under public supervision and direction at no charge to the parents. Where a child is considered to have an EEN (exceptional education need), this includes all individuals ages three to 21 years.

Hearing Officer	An individual appointed by the Board to conduct a hearing. This person is responsible for adherence to the procedures enumerated in the Federal and State laws.
Homebound Instruction	A special education program in which a teacher serves children who, due to physical or emotional incapacity, are unable to attend school. Such services may be in the home and include direct teaching telephone instruction and correspondence courses. Eligibility for such programs requires a physician's statement regarding the child's inability to attend school, the incapicity must be anticipated as continuous over 30 days, and the M-team shall recommend it as the most appropriate program.
Home-based Program	A program based in the home where the teacher stresses teaching the parent to teach his/her child. Most frequently an alternative to or an important component of VE preschool-based program.
Home Visit	A visit by school personnel to a student's home to talk and/or work with the parent.
I.E.P.	Individual Educational Plan
Individual Educational Plan	A written plan for each special education student indicating special educational program, related services and instructional practices, as well as individuals working with the specific student. It is jointly completed by those working with the child, and involves the parent as well. The plan includes: 1. The student's present level of educational performance. 2. Annual goals, long-term objectives, and short-term objectives. (Instructional includes academic and behavioral areas.) 3. Special educational and related services provided the student. 4. Provision for the student to be

	served in "regular" educational programs where possible. 5. Enumeration of anticipated interventions, methods, and materials to be used. 6. Projected dates for initiation and duration of the services, specific objectives, and the amount of time daily for the program. 7. Objective evaluation criteria, procedures, and timetables to measure progress. 8. Provision for parental input. 9. Special and regular education teachers and supportive staff working with the child shall assist in its development and revision.
Itinerant Program	A special education program in which a teacher serves special education students in several programs on an occasional basis. The teacher also serves as a consulting teacher to both regular and special education personnel.
L.E.A.	Local Educational Agency
Least Restrictive Alternative	See Least Restrictive Environment
Least Restraictive Environment	The most suitable placement for a special education child. The concept involves educating the handicapped youngsters with nonhandicapped peers whenever possible, but also provides for special education services in the regular classroom, special classroom or special facility when necessary for the student to receive an appropriate education.
Local Educational Agency	School District in which the child resides.
Mainstreaming	Programming of special education students into regular education classes and programs.
Native Language	The language normally used by the child or the child's parents.

Nondiscriminatory Testing	Evaluation materials and procedures utilized to guarantee that assessment and/or placement of students does not reflect racial, cultural, physical, or language bias. The student's native language or mode of communication shall be utilized when appropriate. A single test or procedure is not sufficient for determining the appropriate educational plan for any student.
Occupational Therapy (O.T.)	Activities, mental and physical, prescribed by a physician, which are designed to develop basic coordinating patterns of motion of the arm, hand, head, mouth, and tongue. Such activities are designed to aid academic readiness and self-help skills.
Physical Therapy	Treatment of disabilities which result from disease, injury, and congenital defects through physical means such as heat, light, water, electricity massage, and therapeutic exercise.
P.L. 94-142	U.S. Public Law 94-142; the Education for all Handicapped Children's Act, signed into law on November 28, 1975. It insures the availability of a free appropriate education assigned to meet the unique needs of each handicapped student and insures protection of students' and parents' rights. It was also designed to assist states and localities and insure the effectiveness of their efforts for all handicapped youngsters ages three to 21 years.
Referral	A form filled out by any individual who thinks a child may have special education need. Once made, parents must be informed and must consent to subsequent evaluation.

Regular Education	Direct educational services Kindergarten through Grade 12, including physical education, etc., which comprise the curriculum of nonhandicapped students, the facilities in which they are conducted and the teachers who conduct them.
Related Services	Any of a variety of services required to assist a handicapped student so that she/he may benefit from special education. It includes transportation, developmental, corrective and other support services. (Psychological services, physical and occupational therapy, assessment, counseling, school health services, social work services, and parent counseling and training are some of the services considered).
Resource Room	Program providing minimum control of the educational and environmental variables. Located in a regular school, the teacher provides instruction in specific akill areas to the special education children who are enrolled in the program and who are integrated into the regular education program. Commonly associated with Speech and Language and L.D. Programs, they are not limited to serving only these handicaps (nor is this the only way individuals with EENs in these areas may be served). The resource room teacher also provides consulting and supplemental services to the regular education staff.
Screening	General procedures for identifying youngsters who may need EEN services. Screening does not specify that a need exists, only that there may be a need and further evaluation should be conducted. All children prior to school entrance for the first time and who are new to a district shall be screened. Also other students already enrolled or below shool-age may be screened. Screening is done throughout the school year and may involve other education and health-related programs in the community.

Section 504	Section 504 of U.S. Public Law 93-112, the Rehabilitation Act Amendment of 1973. It is a basic civil rights provision to end discrimination against the handicapped, particularly in the areas of equal employment opportunities and access to buildings.
Self-contained Classroom	A special education program located in the regular education building and which controls educational and environmental variables. It serves EEN students for the majority of their academic instruction, but in which the pupils may be integrated individually into other special and/or regular education programs.
Special Education or Exceptional Student Education	The variety of specially designed programs which meet, at no cost to the parent, the unique needs of the handicapped child. The instruction may take place in a variety of settings and may include vocational education where it meets the criteria. Such programs are largely supported financially by the state.
Varying Exceptionalities Preschool	Children ages 3-5 years who require special education services; their needs may be categorized as a specific handicapping condition; however, it has been determined that the handicaps are only of a mild to moderate level. Classes for these children are generic and may include children with a variety of handicapping conditions.

RESOURCES

A. Texts and Printed Materials

B. Audio-Visual Materials

C. Community Resources

TEXTS & PRINTED MATERIALS

Teacher's Resources
Children's Books for Mainstreamed Classrooms
Books for Older Students

TEACHER RESOURCES

TEACHING PRESCHOOL HANDICAPPED CHILDREN $ 35.00

Safford, Philip. St. Louis: C.V. Mosby Co., 1978

A basic college-level textbook describing various handicapping conditions. Each chapter also provides suggestions for working with the child in the classroom. This is a good reference book for the Child Care teacher.

NEW FRIENDS

Teachers' Manual	$ 12.00
Notebook	$ 18.00

Chapel Hill Training Outreach Project
Lincoln Center
Chapel Hill, NC 27514

Designed for use with young children, this book provides information and activities that can also be utilized with high school students to aid in understanding handicapped children. Patterns and directions for making child-sized dolls with handicaps are included.

ERIN (Early Recognition Intervention Network)
GETTING STARTED CURRICULUM $ 49.50

Early Recognition Intervention Network
376 Bridge Street
Dedham, MA 02026

A developmental-based curriculum for preschoolers that is designed to work in mainstreamed settings. Teacher suggestions and supplementary materials are included. Supplementary screening assessment and monitoring materials are also available.

Preschool Screening System	$20.00
Developmental Inventory of Learned Skills	$25.00

MAINSTREAMING PRESCHOOLERS SET by Project Head Start
U.S. Department of Health and Human Services
Office of Human Development Services
Administration for Children, Youth and Families
Head Start Bureau
Washington, D.C.

Children with Hearing Impairment (OHDS) #78-31116
Children with Visual Handicap (OHDS) #78-31112
Children with Emotional Disturbance (OHDS) #78-31113
Children with Mental Retardation (OHDS) #78-31110
Children with Orthopedic Handicap (OHDS) #78-31114
Children with Learning Disabilities (OHDS) #79-31117

A series of books produced by Project Head Start to assist teachers in the mainstreaming of children with different handicaps. This useful series is clearly written and easy to read.

CHILDREN'S BOOKS
FOR MAINSTREAMED CLASSROOMS

GENERAL: LIKENESSES AND DIFFERENCES

Brenner, Barbara. FACES. Edison, NJ: Childcraft Corporation.
Two eyes, two ears,. a nose a mouth, your face, mine, everyone's face - George Ancona's photographs capture likenesses and differences in human faces.

Castle, Sue. FACE TALK, HAND TALK, BODY TALK. Garden City, NY: Doubleday and Co., 1977.
How children can say things and express feelings using only their bodies and faces.

Cohen, Miriam. WILL I HAVE A FRIEND? New York: Macmillan Publishing Co., Inc., 1967.
The first day of school concern about finding a friend.

Green, Olary Olc Burney. IS IT HARD? IS IT EASY? Reading, MA: Addison-Wesley Publishing Co. MCMLX.
Points out everyday tasks that may be hard or easy for different children.

Rogers, Fred. Josephine. THE SHORT-NECK GIRAFFE. Family Communications, Inc., 1975.
Introduction to attitudes about feelings toward likenesses and differences.

Salazar, Violet. SQUARES ARE NOT BAD. Racine, WI: Golden Press, 1967.
This picture book is about circles who learn to accept squares.

Showers, Paul. YOUR SKIN AND MINE. New York: Crowell Press, 1965.
Regardless of color, skin has the same function and purpose.

Simon, Norma. HOW DO I FEEL. Chicago: Albert Whitman and Company, 1970.
A book about the feelings of children - anger, frustration, weariness, pride, etc.

Simon, Norma. WHY AM I DIFFERENT? Chicago: Albert Whitman and Company, 1967.
Discusses everyday situations in which children see themselves as "different" in family life, preferences, and abilities, and yet feel that being different is all right.

Stein, Sara Bonnett. ABOUT HANDICAPS. New York, NY: Walker and Co.

VISUAL IMPAIRMENT

Bassett, Ada. A CANE IN HER HAND.

Braithwaite, Althea. HAVING AN EYE TEST. Cambridge, England: Dinosaur Publications, 1981.
A non-fiction book about having an eye test.

Goodsell, Jane. KATIE'S MAGIC GLASSES. Boston, MA: Houghton Mifflin Company, 1965.
A five year old girl who experiences blurred vision has her eyes examined and finds she needs to wear glasses.

Jensen, Virginia Allen. WHAT'S THAT and RED THREAD RIDDLES. New York, NY: Putnam Publishing, 1979.
These books designed for visually impaired young children can be enjoyed by their sighted friends. Pictures are in raised print and the text is in both Braille and standard type.

Litchfield, Ada Basset. A CANE IN HER HAND. Chicago, IL: Albert Whitman & Co., 1977.
A young girl finds ways to cope with her failing vision.

HEARING IMPAIRMENT

Charlip, Remy and Mary Beth. HANDTALK: AN ABC OF FINGER SPELLING AND SIGN LANGUAGE. Bristol, FL: Four Winds, 1980.
How people can talk without using their voices, finger spelling and signing.

CHILDREN'S TELEVISION WORKSHOP/SESAME STREET SIGN LANGUAGE FUN. New York: Random House, Children's Television Workshop, 1980.
A very simple American Sign Language book.

Levine, Edna. LISA AND HER SOUNDLESS WORLD. New York: Behavorial Publications, 1974.
This story tells of a child living in a soundless world, using lip-reading and hearing aids.

Litchfield, Ada B. A BUTTON IN HER EAR. Chicago, IL: Albert Whitman and Co., 1976.
A story about a hearing-impaired girl who likes baseball.

Peterson, Jeanne W. I HAVE A SISTER, MY SISTER IS DEAF. New York, NY: Harper-Row, 1977.
An illustrated story about a deaf child experiencing everyday life.

PHYSICAL DISABILITIES

Fanshawe, Elizabeth. RACHEL. Scarsdale, NY: Bradbury, 1977.
Rachel is a small English girl who uses a wheelchair. The pictures show her at home at school and at play.

Fassler, Joan. HOWIE HELPS HIMSELF. Chicago: Albert Whitman, 1975.
A simple, honest text reveals the struggles and successes of a young child who has cerebral palsy.

Greenfield, Eloise. DARLENE. New York: Methen Press, 1980.
About a young girl whose physical disability is secondary to the plot.

Mack, Nancy. TRACY. Milwaukee, WI: Raintree Editions.
A photo story of a girl who has cerebral palsy.

Payne, Emmy. KATY NO POCKET. Boston: Houghton Mifflin, Co., 1944.
A kangaroo learns to adapt successfully to life without a pocket.

Stein, Sara Bonnett. ABOUT HANDICAPS: AN OPEN BOOK FOR PARENTS AND CHILDREN TOGETHER. New York, NY: Walker and Co., 1974.
A boy learns about physical handicaps of others, including a child with cerebral palsy. Includes a text for parents and teachers.

White, P. JANET AT SCHOOL. New York: Thomas Y. Crowell, 1978.
Excellent photographs showing a young child with spina bifida going to school.

Wolf, Bernard. DON'T FEEL SORRY FOR PAUL. Philadelphia: J.B. Lippincott, 1974.
Paul was born with incompletely formed hands and feet. Text and photographs show how he learns to ride a horse.

LEARNING HANDICAPS

Bughtman, Alan. LIKE ME. Boston: Little, Brown and Co., 1976.
A child looks at his mentally handicapped friends and points out that everyone is the same although some people are slower at learning.

Conford, Ellen. IMPOSSIBLE POSSUM. Boston: Little, Brown and Co., 1971.
Randolph solves his own dilemma and teaches children that it's difficult to learn to do some things.

Glazzard, Margaret H. MEET LANCE, HE'S A SPECIAL PERSON. Lawrence, KS: H and H Enterprises, Inc., 1978.
A story about a boy with Down's Syndrome and how he learns.

Hirsch, Karen. MY SISTER. Minneopolis, MN: Carolrhoda Books.
A child's perception of her retarded sister as a very special person.

Klein, Gerda. THE BLUE ROSE. New York: Lawrence Hill, 1974.
The story of how Jimmy, a retarded child, is different and yet loved.

Kraus, Robert. LEO THE LATE BLOOMER. New York: Windmill Books and E.P. Dutton, 1971.
The fantasy story of a tiger, Leo, who is a slow learner but finally "blooms."

Lasker, Joe. HE'S MY BROTHER. Chicago: Albert Whitman and Company, 1974.
A young boy describes the experiences of his younger brother who has a learning disability.

Ominsky, Elaine. JON O: A SPECIAL BOY. Englewood Cliffs, NJ: Prentice Hall, Inc., 1977.
The life of a boy with Down's syndrome who has adjusted to being a very special child.

BOOKS FOR OLDER STUDENTS

GENERAL

Barnes, Berrigan & Biklen. WHAT'S THE DIFFERENCE? Syracuse, NY: Human Policy Press, 1978.
This book will involve you and the children you teach in a new examination of expectations and stereotypes, questions and answers, feelings and what it means to be different, to be disabled.

Gold, Phyllis. PLEASE DON'T SAY HELLO. New York, NY: Behavioral Publications, Inc., 1975.
With the support and love of his family, and through them the neighborhood children, a nine year old autistic boy is able to emerge from his shell.

Harries, Joan. THEY TRIUMPHED OVER THEIR HANDICAPS. New York, NY: Franklin Watts, Inc., 1981.
Profiles the lives and achievements of six severely handicapped people who triumphed over blindness, deafness, and brain damage to excel in sports, jobs and living optimistically.

Jones, Ron. ACORN PEOPLE. New York, NY: Bantam Books, 1976.
An amazing true summer camp story about handicapped children, the Mafia, and a nurse named Nelson.

Sullivan, Mary Beth; Brightman, Alan J.; and Blatt, Joseph. Reading, MA: Addison Wesley Publishing Co., 1979.
A book to introduce kids (and adults) to their disabled peers. With short stories, hard facts, photographs, activities...FEELING FREE presents an upbeat and realistic approach to the whole idea of dealing with differences.

VISUAL IMPAIRMENTS

Kent, Deborah. BELONGING. New York, NY: The Dial Press, 1978.
Fifteen year old Meg realizes it's not her blindness that prevents her from joining the "in" crowd, but her own individuality.

Thomas, William. THE NEW BOY IF BLIND. New York, NY: Simon & Schuster, Inc., 1980.
When a blind boy enters a new school both he and his sighted classmates must adjust to each other.

HEARING IMPAIRMENTS

Robinson, Veronica. DAVID IN SILENCE. New York, NY: J.B. Lippincott, 1965.
David was born deaf. Moving to a new town only brings alienation and suspicion until one boy supports David's efforts.

Sullivan, Mary Beth and Bourke, Linda. A SHOW OF HANDS. SAY IT IN SIGN LANGUAGE. Reading, MA: Addison Wesley, 1980.
Takes a close look at what it's like to be deaf in a hearing world.

PHYSICAL DISABILITIES

Killilea, Marie. KAREN and WITH LOVE FROM KAREN.
Englewood Cliffs, NJ: Prentice-Hall, 1952.
A mother tells how she and the whole family helped Karen overcome her handicap.

Little, Jean. MINE FOR KEEPS. Boston, Ma: Little, Brown & Co., 1962.
Sally learns that cerebral palsy ?

LEARNING HANDICAPS

Garrigue, Sheila. BETWEEN FRIENDS. Scarsdale, NY: Bradbury Press, 1978.
After moving from California to Massachusetts, Jill is eager to make new friends.

Hayes, Marnell L. TUNED IN, TURNED ON. Novato, CA: Academic Therapy, 1974.
A book for and about kids with learning disabilities.

Smith, Doris; Crowell, Thomas. KELLY'S CREEK. 1975
Kelly has a learning problem. His parents and teachers feel he isn't trying; the kids at school laught about him.

Sobol, Harriet Langsam. MY BROTHER STEVEN IS RETARDED.
New York, NY: MacMillan Publishing Co., Inc., 1977.
An eleven year old girl talks about the mixed feelings she has for her older, mentally retarded brother.

AUDIO-VISUAL MATERIALS

B. AUDIO-VISUAL MATERIALS

KIDS COME IN SPECIAL FLAVORS $ 35.95

Kids Come in Special Flavors Co.
P.O. Box 562
Dayton, OH 45405

This Kit provides awareness activities about handicaps for students. Some of the materials included are eye masks, tape recordings, and a manual of activities.

EARLY CHILDHOOD MAINSTREAMING SERIES $175.00

(filmstrips with cassette tapes)
Campus Films Distributor Corp.
24 Depot Square
Tukaho, NY 10707

This set of filmstrips provides information regarding various handicapping conditions and suggestions for teachers and care givers working with children in mainstreamed settings. The handicaps covered are: Learning Disabilities, Emotional Impairments, Physical and Health Impairments, Speech and Language Impairments, Hearing Impairments, and Visual Impairments.

THE FORTUNATE FEW (film) $165.00

Craighead Films
P.O. Box 3900
Shawnee, KS 66203

Available in ENGLISH or SPANISH
Color - 13 minutes

The Fortunate Few shows why early intervention programs are important. During a child's early years, remediation of handicaps can often be accomplished faster and at a lower cost than later intervention. But today only a few - about one-third of all the very young handicapped - are getting the early intervention they need.

This film explains how early intervention benefits not only special children, but also their parents, the public schools, and society as a whole. It makes a strong case for expanding early intervention efforts.

KRISTA (film) $275.00
Craighead Films
P.O. Box 3900
Shawnee, KS 66203

Relates the experience of a young child who has surgery for a leg prosthesis, and how the Head Start staff, her family, and medical personnel prepared Krista and the other children for her surgery and answered questions about the prosthesis.

A LITTLE BIT MORE THAN LOVE (slide/tape) $ 40.00
American Foundation for the Blind
Department of Public Communication
15 West 16th Street
New York, NY 10011

This slide/tape presentation deals with the needs and abilities of Visually Impaired and blind preschoolers.

CIPHER IN THE SNOW (film) $300.00
Educational Media Services
290 HRCB
Brigham Young University
Provo, UT 84602

True story of a boy who was unimportant until he died. Emphasizes concerns for the needs of every child. Human Relations.

COMMUNITY RESOURCES

1. Community Organizations
2. Accessing Information in the Community

COMMUNITY RESOURCES

Community resources are a boon to any teacher and are especially helpful when you need someone with expertise. In addition to knowing the resources one has available, one must be able to access the skills of the individuals in various agencies.

1. Community Organizations
   Many national organizations have branches in all large, most medium-sized, and often many smaller communities. You need to know who they are and what they may be able to do to assist you.

   Public Agencies. These are programs subsidized by tax money. They usually offer direct services to children and families. They may have specialized speakers' bureaus.
   - Local school district - evaluation services
     - special education programs
     - volunteer/speakers bureau
   - Health and Rehabilitative Services
     - Head Start
     - Health Department
     - Day Car Licensing Center
     - Mental Health
     - Hot Lines

   Private Organizations. These organizations are often subsidized by United Way and other charitable donations. They frequently provide direct services to children and their families. Some of the common agencies that can provide assistance to teachers are:
   - Easter Seals Society
   - Association for Retarded Citizens
   - Muscular Dystrophy Association
   - United Cerebral Palsy

   Service Organizations. These are organizations of professional people. They may be organized around a particular profession or they may be organized around a particular service orientation.
   - Council for Exceptional Children
   - Academy of Pediatrics
   - Association for the Education of Young Children
   - Sertoma (hearing impaired)
   - Lions (visually impaired)
   - Shriners (physically impaired)

Experts. These are people in the community who may be able to provide expertise in areas of special education and come from agencies other than those previously listed.

- University Professors
    - special education
    - psychology
    - child development
    - Early Childhood education
- Child Psychologists/Psychiatrists
- Extension Agents in Home Economics

Libraries and Resource Centers. The public library may be of some use but other centers tend to offer more specific assistance.

- School District
    - Special Education Media and Resource Centers
    - Home Economics Resource Center
    - Media Centers
- University and Junior College
    - Library
    - Educational Resource Center
- Organization Resource Center
    - Many of the organizations listed earlier also have materials available for loan.

2. Accessing Information in the Community

In our experience, a stelephone call to many of these agencies can put you in touch with an individual that can provide the assistance or macerials you wish.

Many school districts have "Speaker's Bureaus" or "Volunteer Centers." In addition, supervisors in various special education fields and Child Find are usually willing to assist you or can recommend other resources.

Attached is a sample listing compiled by Home Economics teachers in Pinellas County. They worked with county "Hot Line" in putting together this list which they then distributed in a pamphlet, free of charge, through physicians and family agencies. Listings like this may be available in your area.

Community Services for Families of Pinellas County

Compiled by: Winnie Daughtery and Nancy Harvey
Edited by: Michelle Kyrek

This guide of selective Community Services was prepared especially for families by Hotline/Information & Referral, a program of Alternative Human Services. For further assistance on other services and agencies not covered contact Hotline/Information & Referral 24 hours/7 days a week 531-4664

ABUSE REGISTRY 1-800-342-9152
24 hours/7 days a week
Services: A state-wide toll-free number that takes and investigates call from the public who suspect a child or developmentally disabled adult is being abused. Caller may remain confidential.

ALCOHOL ANONYMOUS CENTRAL OFFICE 536-6003
24 hours/7 days a week
Services: A fellowship of men, women and young persons who share their experiences, strengths and hopes in order to help each other to recover from alcoholism.

AL-ANON & ALATEEN FAMILY GROUP 446-5911
Services: A fellowship of friends and relatives of alcoholics who share their experiences and provide support to solve their common problem. (Preteen and Teen groups.)

ALPHA CENTER
435 Sixth Avenue South, St. Petersburg 822-8190
Services: Residential program for unwed, abandoned and distressed pregnancies. Counseling and referrals.

AMBASSADOR PROGRAM
1895 Gulf-to-Bay Blvd., Clearwater 462-9627
Services: This pilot program is a community-based school-information service for newcomers to Pinellas County. every school serving St. Petersburg children has a parent thoroughly familiar with their child's school.
Hours: 8:00 a.m.-4:30 p.m., Monday through Friday.
Fee: None

BIG BROTHER/BIG SISTER
1100 Cleveland Street, Clearwater 441-8606
Services: The matching of appropriate adult and couple volunteers with appropriate chidlren generally from single parent families. Youth ages 7-14.
Hours: 8:30 a.m.-7:30 p.m., Monday through Thursday; 8:30 a.m.-5:00 p.m., Friday.

CATHOLIC SOCIAL SERVICES
6533 9th Ave. N., St. Petersburg 345-9126
Services: Adoption placement primarily for infants, also foreign born and children with special needs. Pregnancy counseling and assistance for unmarried and married individuals facing problem pregnancies. Family Life Education. Marriage and family counseling. Foster home care for children awaiting adoption.
Hours: 9:00 a.m.-5:00 p.m., Monday through Friday.

CENTER AGAINST SPOUSE ABUSE (CASA)
9:00 a.m.-5:00 p.m., Monday-Friday 898-3671
After hours and weekends contact Hotline/I & R 531-4664
Services: Safe, temporary shelter for women and children who are victims of domestic violence. Provides food, clothing, support, individual and group counseling, and referrals to community agencies for clients.
Area served: South Pinellas County (south of Ulmerton Road).

CHILD PROTECTION TEAM—ALL CHILDREN'S HOSPITAL
8:00 a.m.-5:00 p.m., Monday-Friday 821-3181
After hours and weekends 898-7451
Services: Professional consultation on cases of suspected or confirmed child abuse. Provides multi-disciplinary diagnosis, evaluation and treatment. Parent-aide support services to families. Provides information about child abuse.

CHILDREN'S MEDICAL SERVICES
800 Sixth Street South, St. Petersburg 893-2775
Services: Arranges care for chronic handicapping problems or conditions which inhibit the child's normal growth and development.
Hours: 8:00 a.m.-5:00 p.m., Monday through Friday.

CHILDRENS HOME SOCIETY
9721 Executive Center Drive, North, St. Petersburg 576-2383
Services: Pregnancy counseling; adoption services; foster care for children from families in crisis or awaiting adoption.
Hours: 8:30 a.m.-4:30 p.m., Monday through Friday.

CLEARWATER FREE CLINIC
707 North Fort Harrison, Clearwater 447-3041
Services: Provides general medical clinics for persons who cannot afford to go to a doctor. Persons must qualify for assistance.
Hours: 9:00 a.m.-4:00 p.m., Monday through Friday.

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DEVELOPMENTAL CENTER
105 Fifth Avenue Northeast, St. Petersburg 822-6914
Services: Evaluation and treatment of learning disabilities, developmental disabilities, language problems and retardation.
Hours: 9:00 a.m.-5:00 p.m., Monday through Friday.

EASTER SEAL REHABILITATION CENTER
7671 U.S. Highway 19, Pinellas Park 577-6711
Services: Provides physical, speech, hearing, occupational therapy; patient counseling; equipment loans; medical evaluations.
Hours: 8:30 a.m.-5:00 p.m., Monday through Friday.

FAMILY PRACTICE CENTER
500 Seventh Street South, St. Petersburg 893-6116
Services: Medical services at lower cost than full physician fees.
Hours: 8:00 a.m.-4:30 p.m., Monday through Friday.

FAMILY SERVICE CENTERS
2960 Roosevelt Boulevard, Clearwater 536-9427
502 South Pasadena Avenue, South Pasadena 344-1686
3594 U.S. 19 North, Palm Harbor 784-7608
Services: Adoption services for special needs children. Counseling for individual, family, marriage, parent-child and other relationship problems. Family Life Education; parental training; single parent services. Counseling available to children and adults who are victims of child abuse and family violence.
Hours: 8:30 a.m.-4:30 p.m., Monday, Wednesday and Friday
8:30 a.m.-8:30 p.m., Tuesday and Thursday
Fees: Sliding scale according to income.

FLORIDA DIAGNOSTIC AND LEARNING RESOURCE CENTER (FDLRS)
1895 Gulf-to-Bay Boulevard, Clearwater 442-1171
Services: Diagnostic evaluation out-of-school program screening for children ages 3-5 who may be exceptional. In-school program for referred exceptional children.
Hours: 8:30 a.m.-4:30 p.m., Monday through Friday.

GULF COAST JEWISH FAMILY SERVICES
304 South Jupiter Avenue, Clearwater 446-1005
8167 Elbow Lane North, St. Petersburg 381-2373
Services: Provides individual, group, marriage, family and divorce counseling. Adopt-A-Grandchild program provides trained senior volunteers to offer a stabilizing and healthy role model to children primarily from single parent families on a weekly basis.
Hours: 9:00 a.m.-5:00 p.m., Monday through Friday.

HEADSTART CHILD DEVELOPMENT
12351 - 134 Avenue North, Largo 584-7115
Services: Parent centers provide parental activities, educational enrichment, parenting skills, child development, health and nutrition. Comprehensive preschool program for children.
Hours: 8:00 a.m.-5:00 p.m., Monday through Friday.

HEALTH AND REHABILITATIVE SERVICES—A.F.D.C.
Aid to Families with Dependent Children
3200 - 30 Avenue South, St. Petersburg 893-2664
525 Mirror Lake Drive, St. Petersburg 893-2205
5540 Park Boulevard North, Pinellas Park 546-0044
23 Tarpon Avenue, Tarpon Springs 937-4125
1100 Cleveland Street, Clearwater 461-1616
Services: Provides financial assistance for parents and children living in a one-parent home. Counselors determine eligibility. Assistance can also be provided to pregnant women who meet eligibility requirements and whose expectant child is eligible.
Hours: 8:00 a.m.-5:00 p.m., Monday through Friday.

HEALTH AND REHABILITATIVE SERVICES—FOOD STAMPS
1219 Cleveland Avenue, Clearwater Plaza, Clearwater 461-0200
525 Mirror Lake Drive, St. Petersburg 893-2425
925 26 St. S., St. Petersburg 893-2631
5540 Park Boulevard North, Pinellas Park 544-3540
23 Tarpon Avenue, Tarpon Springs 937-4125
Services: Program enables low-income households to buy more food of greater variety which will improve their diets. This program consists of eligibility determination for households according to income, etc. Each office serves a specific geographic location.
Hours: 8:00 a.m.-5:00 p.m., Monday through Friday.

HOTLINE/INFORMATION AND REFERRAL
Pinellas County 531-4664
Pasco County-West 848-5555
East 567-1111
Central 228-8686
Services: Provides telephone crisis intervention, empathetic listening, problem solving counseling, information and referral on community resources for Pinellas and Pasco counties, 24 hours/7 days a week.

JUVENILE SERVICES PROGRAM
3435 First Avenue South, St. Petersburg 327-2443
Services: Circle of Concern matches adult role models with children. Additional programs provide work experience training, GED/Basic Education, counseling and tutoring assistance.
Hours: 8:00 a.m.-5:00 p.m., Monday through Friday.

LATCHKEY
1301 Seminole Boulevard North, Largo 581-7134
Services: Developmental child care for school age and preschool age children of working parents. Call for names and locations of individual Latchkey Centers.
Hours: 7:30 a.m.-5:30 p.m., Monday through Friday.

MARRIAGE AND FAMILY COUNSELING
4140 - 49 Street North, St. Petersburg 527-6302
2189 Cleveland Street, Suite 226, Clearwater 441-2695
Services: Marriage and family counseling to families whose lives include children.
Hours: 8:00 a.m.-4:30 p.m., Monday through Friday.
Fees: Sliding scale.

MENTAL HEALTH SERVICES OF SOUTH PINELLAS COUNTY
4040 Central Avenue, St. Petersburg 327-7656
Services: Emotional and mental health counseling for individuals, marriage, families and children on an appointment basis.
Hours: 8:00 a.m.-5:00 p.m., Monday through Friday.
8:00 a.m.-9:00 p.m., Tuesday and Thursday.
Fees: Sliding scale.

MENTAL HEALTH SERVICES OF UPPER PINELLAS COUNTY
1437 South Belcher Road, Clearwater 536-5950
Services: Emotional and mental health counseling for individuals, marriages, families and children on an appointment basis.
Hours: 8:30 a.m.-5:00 p.m., Monday through Friday.
8:00 a.m.-8:00 p.m., Tuesday and Thursday.
Fees: Sliding scale.

NETWORK OF CHRISTIAN COUNSELING CENTERS
112 - 70 Street South, St. Petersburg 381-2499
Services: Provides marriage, family and individual counseling.
Hours: 9:00 a.m.-5:00 p.m., Monday through Friday.

OPERATION PAR
6613 - 49 Street North, Pinellas Park 527-5866
Services: Provides individual, group and family counseling for substance abusers. Residential treatment programs for teenagers and adults. Education and prevention regarding substance abuse.
Hours: 8:30 a.m.-5:00 p.m., Monday through Friday.
Fees: Sliding scale.

PINELLAS ASSOCIATION FOR RETARDED CHILDREN (PARC)
3100 - 75 Street North, St. Petersburg 345-9111
Services: Provides preschool program for developmentally delayed and at risk children aged 6 months to 5 years. Homebound program for infants.
Hours: 8:30 a.m.-4:30 p.m., Monday through Friday.
Fees: Sliding scale.
Area served: Lower Pinellas County.

PINELLAS COUNTY HEALTH DEPARTMENT
500 Seventh Avenue South, St. Petersburg 823-0401
310 North Myrtle Avenue, Clearwater 461-2727
301 South Disston Avenue, Tarpon Springs 934-5708
5800 - 77 Avenue North, Pinellas Park 544-6661
Services: Maternity, prenatal, postpartum clinics for patients found eligible; Well Baby Clinic; immunizations; school nurses; family planning program including birth control; health screening; dental health; Medicaid screening (children).

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PINELLAS COUNTY DEPARTMENT OF SOCIAL SERVICES

General Assistance:
609 Court Street, Clearwater 462-3534
150 Fifth Street North, St. Petersburg 825-1781
41 North Ring Avenue, Tarpon Springs 937-8005
Medical Clinics:
609 Court Street, Clearwater 462-3534
775 Fifth Street South, St. Petersburg 825-1907
41 North Ring Avenue, Tarpon Springs 937-8005

Services: *General Assistance:* Provides limited financial assistance (vendor payments) for food orders, rent or mortgage payments and utility payments for persons in emergency situations based on income and resources of the family.
Medical Clinic: Outpatient clinic provides comprehensive health care.
Hours: 8:00 a.m.-5:00 p.m., Monday through Friday.
9:00 a.m.-12:00 noon, Fridays only in Tarpon Springs.

PINELLAS COUNTY LICENSE BOARD FOR CHILDREN'S CENTERS AND FAMILY DAY CARE HOMES

4140 - 49 Street North, St. Petersburg 521-1850
2189 Cleveland Street, Clearwater 441-3736
Services: Licenses and monitors day care centers and family day care homes. Provides information and will refer parents of young children to family day care homes and children's centers.

PINELLAS COMPREHENSIVE ALCOHOL SERVICES, INC.

6150 - 150 Avenue North, Clearwater 530-1417
Services: Provides out-client counseling at various locations; crisis intervention, assessment, family counseling, residential treatment and education regarding alcohol abuse.
Hours: 8:30 a.m.-5:00 p.m., Monday through Friday.
Fees: Sliding scale.

PROJECT PLAYPEN

4140 - 49 Street North, St. Petersburg 527-6301
Services: Allows low-income families to participate in a well structured developmental day care program and assists families with social services for infants up to age 3.
Hours: 8:00 a.m.-4:30 p.m., Monday through Friday.
Fees: Sliding scale; free for A.F.D.C. recipients.

PROJECT RAINBOW

7529 3rd Ave. N., St. Petersburg 347-2200
Services: The program is designed for families with a child having life-threatening or chronic illness, or for parents who have lost a child. There is grief and emotional support, counseling, stress-reduction, and crisis intervention.
Hours: 9:00 a.m.-5:00 p.m., Monday through Friday.
Fee: None (donations)

RELIGIOUS COMMUNITY SERVICES (R.C.S.)

8:30 a.m.-4:30 p.m., Monday-Friday 446-5964
After hours and weekends contact Hotline/I & R 531-4664
Services: Provides short-term housing for homeless, needy families with children. Provides food, clothing, counseling and personal needs to those families.
Fees: None.

RELIGIOUS COMMUNITY SERVICES (R.C.S.)—SPOUSE ABUSE

9:00 a.m.-5:00 p.m., Monday-Friday 441-2534
After hours and weekends contact Hotline/I & R 531-4664
Services: Provides safe and temporary housing and related services for women and children who are victims of domestic violence.
Area served: Upper Pinellas County.

RESOURCE CENTER

5235 - 16 Street North, St. Petersburg 526-1100
Services: Prevention project, designed to help families avoid some of the pitfalls and stresses which accompany family living, through educational workshops and seminars. Acts as a clearinghouse, identifying recipient groups, designing the program format, locating and enlisting instructors for classes in family living skills, parenting, etc. Will provide information about classes, workshops and special support groups available to help individual family members or the total family unit.

RUNAWAY HOTLINE

24 hours/7 days a week 1-800-231-6946
Services: Provides information to runaways regarding shelters and available medical help nationwide. Provides a route of communication between runaway and family.

S.A.F.E. CENTER

(Sexual Assault Family Emergencies) 531-5081
Services: Provides 24 hour counseling services to victims of rape, incest and sexual assault for both adults and children.

SALVATION ARMY
1001-03 Third Street South, St. Petersburg 821-9123
Services: Provides emergency lodging to individuals and families.
Hours: 24 hours via 822-4954.

ST. PETERSBURG EMERGENCY SHELTER
1099 First Avenue North, St. Petersburg 823-2859
Services: Provides shelter facility and meals for families with children who have no place to live and no funds to obtain a place to live.
Hours: Intake between 9:00 a.m.-12:00 noon, Monday through Friday.

ST. PETERSBURG FREE CLINIC
863 Third Avenue North, St. Petersburg 821-1200
Services: Provides limited primary health care for persons who qualify.
Hours: 9:00 a.m.-5:00 p.m., Monday through Friday.
Tuesday, Thursday evening clinics.

STRAIGHT, INC.
3001 Gandy Boulevard, St. Petersburg 577-6011
Services: Provides family-oriented drug rehabilitation services for young people.
Hours: 7:00 a.m.-9:30 p.m., 7 days a week.
Fees: $3,000.00

TAMPA BAY REGIONAL POISON CONTROL 1-800-282-3171
Services: Provides 24 hour/7 day a week access for persons exposed to inappropriate substances. Provides information regarding proper first aid or emergency procedures regarding specific treatment.

TIME-OUT HOMES
8:30 a.m.-4:30 p.m., Monday-Friday 530-1411
After hours and weekends contact Hotline/I & R 531-4664
Services: Licensed family day care homes that provide care in a warm secure place for children (0-11 years) whose parents are experiencing stress. Parents may voluntarily place their children for a period of 48-72 hours. Referralsand counseling may be initiated during this crisis respite period to help parents.

TURNING POINT MINISTRY
St. Dunstan's Church, 10888 126th Ave. N. 585-0940
Services: Christian drug rehabilitation program for adolescents. Group therapy, peer counseling, etc. Free screening program.
Hours: 8:30 a.m.-9:30 p.m., Monday through Friday.
10:30 a.m.-5:00 p.m., Saturday.
Fees: Sliding scale ($1,000 minimum).

UPPER PINELLAS ASSOCIATION FOR RETARDED CITIZENS (UPARC)
2199 Calumet Street, Clearwater 441-2854
Services: Education, early intervention and homebound program. Classroom placement, age 6 months-5 years; Early Intervention program providing stimulation, sensory experiences, behavior training for infants and preschool children determined to be mentally retarded or developmentally delayed, ages 0-5 years.
Hours: 8:00 a.m.-4:00 p.m., Monday through Friday.
Fees: Sliding scale.

Y.W.C.A. PROJECT H.E.L.P.
435 Sixth Avenue South, St. Petersburg, 896-4629; or 401 S. Prospect Ave., Clw., ... 461-2997
Services: Services for pregnant girls 17 years or younger; individual and family counseling, academic and life skills education. Prenatal care is arranged for each girl.
Hours: 8:30 a.m.-5:00 p.m., Monday through Friday.
Fees: None.

YOUTH AND FAMILY CONNECTION
24 hours/7 days a week 323-2244
Services: Short-term shelter, crisis and early intervention facility for troubled youth under 18 years who have run away from home or who are seeking assistance in solving individual and/or family problems.
Fees: None.

YOUTH & FAMILY CONNECTION
1209 Court Street, Clearwater 461-1424
Services: Counseling center for youth and families facing crisis or having concerns about situations of adolescent years. Screening and assessment for families in need and referral to community agencies. (Early intervention services, crisis and family counseling, diversion from juvenile justice system.) No fees.
Hours: 9:00 a.m.-9:00 p.m., Monday through Friday.

APPENDICES

A. Pinellas County Varying Exceptionalities Preschool Program Procedures

B. Child Care I and II Semester Lesson Plans

C. Sample Weekly and Daily Plans

D. Weekly and Daily Planning Forms

E. Student Handouts and Review Sheets for Child Care I

F. Student Handouts and Review Sheets for Child Care II

G. High School Student Assessment Materials

APPENDIX A

PINELLAS COUNTY
VARYING EXCEPTIONALITIES
PRESCHOOL PROGRAM PROCEDURES

INSTRUCTIONAL PROGRAM

for

PRESCHOOL VARYING EXCEPTIONALITIES

The Pinellas County School Board has initiated special preschool programs for children with varying exceptionalities.

1. A varying exceptionalities preschool class is a setting which provides the assignment of preschool students ages 3-5 of more than one (1) exceptionality to one (1) teacher during a school week or the assignment of preschool students ages 3-5 of more than one (1) exceptionality to one (1) teacher per instructional class period. (6A-6.311(3)(a)

   A. Criteria For Eligibility

      1. Students are eligible for placement in a varying exceptionality preschool class if they exhibit one or more of the following exceptional student categories.

         a. Educable Mentally Handicapped
         b. Speech and Language Impaired
         c. Physically Impaired
         d. Specific Learning Disabilities
         e. Visually Impaired

      2. Students may also be considered for placement in varying exceptionalities preschool classes under certain carefully identified circumstances if they exhibit the following exceptional student category to a mild degree.

         a. Deaf/Blind
         b. Hard of Hearing
         c. Autistic

      3. The following exceptional student categories are NOT eligible for placement in the varying exceptionalities preschool classes.

         a. Deaf
         b. Trainable Mentally Handicapped
         c. Profoundly Mentally Handicapped
         d. Autistic (Severe)
         e. Emotionally Handicapped (Severe)
         f. Deaf/Blind (Severe)

   B. Procedures For Screening

      Step 1 The purpose of screening is to identify as early as possible preschool students (aged 3-5) who may qualify for placement in the varying exceptionalities preschool program.

Children suspected of being eligible for the varying exceptionalities preschool classes may be referred for screening by:

a. Parent/Guardian
b. Physician
c. Community/Agency Personnel
d. School Personnel
e. Other responsible community officials, e.g. Head Start, Day Care Centers, Religious leaders, etc.

Step 2 The process of screening students for this program shall be achieved through one or more of the following:

a. Formal and/or individual screening test results,
b. Observation by educational personnel or parent/guardian,
c. Evidence of functional performance of the child in the child's home, nursery/day care program, or other appropriate environment including anecdotal records, and other pertinent information.

C. Procedures For Referral

Step 3 Referrals shall be made directly to FDLRS/Child Find by appropriate (previously mentioned) personnel. A request for Service Form (PCS 104) will be completed by FDLRS personnel.

Step 4 FDLRS/Child Find arranges an interview with the parent/guardian and obtains from the parent the following:

a. Biographical and environment data,
b. Signed parent permission form for testing (PCS Form 105),
c. Physician's report current within twelve (12) months period (Physician/Parent Release Form (PCS Form 1461).

D. Procedures for Student Evaluation (6A-6.341(2)(d)

Evaluation materials are administered in the student's native language unless it is clearly not feasible to do so. The evaluation of a student shall include:

Step 5 A comprehensive appraisal of health factors by a physican to include medical assessment and diagnosis of the student's physical condition, required consistent with the Pinellas County School Board policy enrollment. Prescriptions(s) for physical and/or occupational therapy should be included if determined appropriate by the physician.

Step 6 A comprehensive appraisal of educational functioning potential will be made and the students specific functional levels within such broad aspects of educational development as self-help, motor development, communication, social adjustment and, when appropriate, academic achievement or occupational skills assessed by a certified psychologist or teacher.

Step 7 A comprehensive appraisal of adaptive behavior factors by instruments (Lakeland Adaptive Behavior Grid, Vineland or Balthazar Scales of Adaptive Behavior) or observational data as assessed by social worker qualified to assess preschool exceptional students.

Step 8 A comprehensive appraisal of developmental functioning levels in communication, social/emotional, cognitive and sensory areas. Selected instruments from the following suggested battery may be administered by a certified school psychologist and/or an appropriately trained educational diagnostician, or other qualified personnel:

a. Communication

Sequenced Inventory of Communication Devleopment
Gestural Approach to Thought and Expression (GATE)
Environmental Prelanguage Battery and Environmental Language Inventory
Preschool Language Scale
Language Sections from the Griffiths Scales, Vulpe', or Early LAP or DASH
Receptive Expressive Emergent Language Scale (REEL)
Suzanne Evans Morris Prespeech/Language Scale

b. Social/Emotional

Lakeland Village Adaptive Behavior Grid
Balthazar Socialization Scales
Social-Personal Scale for Griffiths
Vineland Adaptive Behavior
Maxfield Bucholz Scale of Social Maturity for Preschool Blind Child
Bayley Infant Behavior Record
Social-emotional Subscales of the Early Learning Accomplishment Profile
Developmental Assessment of Severely Handicapped
Vulpe'
Developmental Programming for Infants and Young Children

c. Cognitive

Uzgiris Hunt Scales or Dunst Adaption
Reynell Zinkin Scales for Visually Impaired
Griffiths Mental Abilities Scale
Cattell Infant Intelligence Scale

Bayley Scales of Infant Development
Comprehensive Developmental Evaluation Chart
Developmental Assessment of Severely Handicapped (DASH)
Developmental Activities Screening Inventory (DASI)
Early Learning Accomplishment Profile (LAP)
Developmental Programming for Infants and Young Children
Haeussermann Scales of Developmental Potential
Merrill Palmer Scales of Mental Tests

d. Sensory

Functional Vision Screening Inventory
New York Flashcard Vision Test
Developmental Audiometric Behavioral Observation
Impedance Testing
Kukla and Connally's Assessment of auditory functining of deaf-blind and multiply handicapped
Northern and Down's guidelines for assessing auditory functioning in infants

Step 9 A written appraisal of sociological, biographical and environmental data to include the assessment of family history, home and school factors...Social and developmental History.

a. Home - by social workers and/or school personnel through interviews with parent or guardian to obtain health and developmental history,
b. Community - by social workers, parents, health agencies and other agency personnel,
c. School - all involved school personnel give input to determine student status in addition to reviewing previous school records, school habits and specific learning strengths and weaknesses.

E. Procedures for Determining Eligibility Education Placement (6A-6.341(2)(e)

Step 10 The Case Manager of FDLRS/Child Find personnel shall submit all pertinent data to the records clerk in the office of Director of Admissions.

Step 11 The records clerk shall log the entry and send the information to the Area Staffing Supervisor.

Step 12 A staffing is held to determine eligibility for placement and is based on appropriate data provided by the designated staffing committee which is composed of at least three (3) professional members. Members of this committee will include the Staffing Supervisor and/or designee and at least two (2) of the following:

a. Exceptional Student Program Supervisor or Resource Specialist,
b. Receiving principals or designee,
c. Preschool teacher in varying exceptionalities class,
d. School psychologist and/or education diagnostician,
e. Other service providers as appropriate.

Step 13 Parents have the opportunity to participate in a planning conference at a mutually agreed upon time and place.

a. If the parents/guardian are unable to attend a placement staffing, parental participation shall be obtained by telephone conversation when possible.
b. All initial IEP's require a parental/guardian signature. If the parent/guardian is unable to attend, the form must be sent home for a signature and returned to appropriate Area Staffing Office.

Step 14 The staffing committee performs the following responsibilites:

a. Reviews all available data,
b. Determines available non-public school services if any,
c. Determines if the student meets the eligibility criteria for a varying exceptionalities preschool class,
d. Determines the student's educational needs,
e. Makes appropriate instructional placement as^ignment consistent with Section 230.23(4)(m)(5), Florida Statutes,
f. Outlines purposes and procedures for developing an educational program.

F. Procedures for Providing an Educational Plan

Step 15 The development of the individual education plan (PCS Form 108) shall be the responsibility of the receiving classroom teacher of varying exceptional preschool students and other service providers. The IEP will include:

1. Student's present achievement level,
2. Annual goals,
3. Short-term goals and objectives,
4. Programs, services and resources to be provided to meet the goals and objectives,
5. Dates for initiation and duration of program or services,
6. Evaluation procedures,
7. Range of time to be spent in the preschool varying exceptionalities program,
8. Range of time to be spent in adaptive physical education, music, art, and other support programs,
9. Appropriate objective criteria and schedules for determining achievement of education objectives.

The teacher of the varying exceptionalities preschoolers will be responsible for determining whether the goals and objectives are achieved. The principal or designee shall be responsible for reviewing the plans and evaluating the results of the plan.

Step 16 In keeping with due process procedures, parents or guardians shall be provided with an explanation of the evaluation and educational program developed to meet their child's needs. All due process forms will be kept in the child's folder in the school.

Step 17 Annual goals and short-term objectives will specifically address:

a. Social and Emotional Development including Behavioral Management, if Applicable,
b. Self-help skills (toileting, feeding, dressing, and grooming),
c. Communication Skills
d. Motor Skills
e. Cognitive Development

Each student's individual education plan will be reviewed at least annually. A new individual educational plan will be developed by the staff and parents each year. Specific objectives will be evaluated and data recorded on the plan by transdisciplinary service providers.

Step 18 Every student placed in the varying exceptionalities preschool program shall provide evidence of an annual medical evaluation to determine changes in the physical condition of the student.

Students will be reevaluated as stated in Step 8 at least every three (3) years or whenever deemed necessary by the student's teacher, physical or occupational therapist, psychologist, or other qualified personnel.

G. Procedures for Dismissal or Reassignment (6A-6.341(2)(g)

A determination for dismissal or reassignment is considered by the staffing committee. The criteria for consideration by the staffing committee of a request for dismissal/reassignment shall include but not be limited to:

1. Reassignment to a more appropriate program, i.e., another exceptional student program within the Pinellas County Schools or within a local or regional private agency;

2. Review of current individual educational plan;

3. Psychological reevaluation which is not more than two (2) years old;

4. Completion of the program;

5. Parental request;

6. Medical request.

Such dismissal or reassignment may only occur upon the review and recommendation of the staffing committee as in Steps 12-14. The staffing committee considers the above criteria in making their recommendation. They may also consider continued enrollment in the student's present program.

H. Special Program Organization

Classes for the varying exceptionalities preschoolers are presently housed in elementary schools and in the child care section of a high school. Each class will have one teacher and one aide with a maximum class size of ten (10) students. The preferred teacher/aide to student ratio shall be one (1) to four (4). Teacher/consultant for the visually impaired, hearing impaired, physically impaired, speech and language impaired will provide services as necessary. Orientation and mobility training and physical and occupational will also be provided as needed.

I. Instructional Program

Program Objectives - The purpose of the program is to provide eligible preschooler handicapped children with early intervention designed to eliminate the developmental delays that would likely result with her disability. The result is that all children will have an improved ability to enter regular education program in their least restricted environment when they reach school age. Potentially when they reach school age, the students will not need to be serviced as exceptional student children due to this early intervention.

A second objective is to carefully evaluate over time the strengths and weaknesses of the children.

The curriculum will be based on each individual student's developmental skill attainment. Implementation of each student's individual educational plan will be done through use of various curricula and data gathered from assorted diagnostic instruments used with preschool handicapped children. Adaptation and creation of new program models are encouraged. The primary mehtods used will be those of stimulation, modeling, direct assistance, and behavior modification.

J. Supportive Services (6A-6.341(2)(j)

1. Psychological testing, when appropriate, by certified psychologist.

2. Communication therapy, when appropriate, as determined by transdisciplinary team (See Speech and Language Criteria for Eligibility);

3. Occupational therapy if indicated by evaluation when prescribed by a physician. (1981-82).

4. Physical therapy if indicated by evaluation when prescribed by a physician.

5. Audiology by district clinicians;

6. Social Work by appropriate agencies;

7. Vision services by district staff as needed for students eligible according to program requirements;

K. Procedures for Providing Housing (6A-6.341(2)(k)

1. Physical facilities and equipment in schools and classes are designed to accommodate the preschool child with handicaps so that freedom and safety of movement are provided.

2. In addition, an attractively decorated room will provide positive visual stimulation.

3. Bathroom facilities must be available for each classroom with hot water available for bathing and hygienic purposes. Toilet areas should be accessible to students in wheelchairs or crutches/walkers.

4. Special (adaptive) furniture and equipment will be provided as necessary.

L. Program Evaluation (6A-6.341(2)(1)

Evaluation decisions as to program effectiveness will be made by the principal with the assistance from the Assistant Superintendent for the Department of Education for Exceptional Students and Program Supervisor. Data will be obtained by sampling procedures and/or surveys regarding the following:

1. To what degree did the objectives stated in Seciton I meet the needs of the student?

2. To what degree was the program based on these objectives?

3. Was the formation of the individual educational plan useful in developing the individual program for each student?

4. Did the district-wide inservice meet the needs of the teachers?

H. Special Provision

Because children with varying exceptionalities are to be placed in one (1) class under the direction of one (1) teacher the following will occur:

a. At the beginning of each academic year parents shall be notified when their child is assigned to a class with children of varying exceptionalities.

b. At any point during the year a child is placed in this class with a different exceptionality than currently represented, all parents with children in this class will be notified of the inclusion of this new exceptionality as one of the category served.

c. The exceptionalities served in these preschool classes will annually be reported to the Department of Education.

d. Eligible exceptional student served shall be reported for full-time equivalent membership in accordance with Rule 6A-1.451(7)(8).

APPENDIX B

CHILD CARE I & II

SEMESTER LESSON PLANS

Grade or Class Child Care I

Week 2
January 28- February 1

	Period 1	Period 2	Assignment
MONDAY	Discuss terms/worksheets	Bulletin Boards Using the opaque projector (practice) Look at Bulletin Board idea books	
TUESDAY	CAREER DAY		
WEDNESDAY	Art Stages of Development Rationale for teaching Worksheet	Make "Play Dough" Finger Paint	Select art project due week of Feb. 11 Finish questions
THURSDAY	Review Child Development (Handout) Filmstrip "3's + 4's"	Quiz - terms Make Crayon Rubbings Discuss use of pencils + crayons	
FRIDAY	Introduction to Children with Special Needs Film "The Fortunate Few"	Scissoring Development Holding properly Cut out pix of things they like Find letters	

Grade or Class Child Care II

Week 2
1/28-2/1

	Period 1	Period 2	Assignment
MONDAY	Discuss Placements Opportunities for Employment Qualifications "Professionalism"	Finding a job Applying for a job applications resumes interviews	Write a resume.
TUESDAY	Career Day - No Classes.		
WEDNESDAY	Mock Interviews (Video Tape + Critique)		
THURSDAY	Community Placement I		
FRIDAY	Community Placement I		

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Grade or Class Child Care I

Week 3
February 4-8

	Period 1	Period 2	Assignment
MONDAY	Self-Concept Filmstrip #5, Set 3 Hand out Sing songs that help to develop self concept	Self-Portrait make one relate to self concept Listen to record (while doing drawing)	
TUESDAY	Guidance + Discipline Worksheet	Pasting Make "Me Book"	Worksheet
WEDNESDAY	Emotionally Handicapped Filmstrip Hand out Discuss feelings	Role Playing / Situations Puppets Me + My Friends Kit etc. Review sheet	Review Sheet
THURSDAY	Language Development Review Discuss implications for teaching	Children's Books Discuss Literature Show Books Circle Time	
FRIDAY	Language (cont.) Songs Fingerplays	Movement Rhythm Instruments	Assign stories & songs for presentation due: Week of Feb. 18

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Grade or Class Child Care II

Week 3.
2/4-8

	Period 1	Period 2	Assignment
MONDAY	Review teaching materials + kits In groups - critique each. language Self-concept / social skills Large Muscle Small Muscle		
TUESDAY	Present materials and critiques to the class		
WEDNESDAY	Go over chart of children's needs based on last semester's screening.	Choice Chart Explain Use Explain how it helps meet individual needs.	
THURSDAY	Community Placement I		
FRIDAY	Community Placement I		

Grade or Class Child Care I

Week 4
February 11-15

	Period 1	Period 2	Assignment
MONDAY	Speech + Language Impairments	Use of puppets for language devel.	Worksheet
TUESDAY	Health + Safety Childhood Diseases Accidents CPR/First Aid/ Heimlich	Art Project presentations Paints Crayon Resist Easel Fingerpainting	
WEDNESDAY	Physically & Health Impaired	Adapt classroom furniture + materials (continue art presentations)	
THURSDAY	Games & Play	Make Rainy-Day Plans	
FRIDAY	(Make-up Day) →		

Grade or Class Child Care II

Week 4
2/11-15

	Period 1	Period 2	Assignment
MONDAY	Science Work from text	Demonstrate use of science	Science projects
TUESDAY	Social Studies Role in preschool	Field Trips - How to use What to do	
WEDNESDAY	Present Science Projects		
THURSDAY	Community Placement I		
FRIDAY	Community Placement I		

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Week 5
Feb 18-22

Grade or Class _Child Care I_

	Period 1	Period 2	Assignment
MONDAY	"Working in the Center" Review Jobs, Duties, Responsibilities, Schedules, Plans	Present Stories - Action Songs (Video-tape/ Self-evaluation)	
TUESDAY	↓	↓	
WEDNESDAY	Food & nutrition	↓	Assign Recipes - 10 for notebook
THURSDAY	6-Weeks Test	Complete Notebooks	Notebooks due Monday
FRIDAY	STAFF DEVELOPMENT DAY		

Week 5

Grade or Class _Child Care II_ 2/18-22

	Period 1	Period 2	Assignment
MONDAY	Drama Using drama to enhance language, creativity, etc.	Role playing	
TUESDAY	Prepare Room for next week		
WEDNESDAY	Readiness + Discuss activities, materials	Prereadiness Make a material at each level - same concept area	
THURSDAY	Community	Placement I	
FRIDAY	Staff Development Day - No School		

Grade or Class _ Child Care I

Week 6
Feb 25- Mar 1

	Period 1	Period 2	Assignment
MONDAY	Go over plans for this week (prepared by teacher) →	Practice songs, finger plays (etc.)	Notebooks Due
TUESDAY	PRESCHOOL		
WEDNESDAY	PRE SCHOOL		
THURSDAY	PRESCHOOL		
FRIDAY	Review Week Evaluate	Go over 6 weeks' Test	

End of 1st 6 weeks Grading Period

Grade or Class _ Child Care II

Week 6
2/25-3/1

	Period 1	Period 2	Assignment
MONDAY	How to evaluate a Child Care Center	Comparing the Programs They've been in.	
TUESDAY	Preschool		
WEDNESDAY	Preschool		
THURSDAY	Preschool		
FRIDAY	Community Placement II		

End of 6wks grading period

Week 7
Mar 4-8

Grade or Class _Child Care I_

	Period 1	Period 2	Assignment
MONDAY	Flannel Boards	Go over plans for the week.	Assign Flannel Board Stories
TUESDAY	PRESCHOOL		
WEDNESDAY	PRESCHOOL		
THURSDAY	PRESCHOOL		
FRIDAY	Hearing Impaired [illegible]	[illegible] Go over plans for next week	

Week 7
3/4-8

Grade or Class _Child Care II_

	Period 1	Period 2	Assignment
MONDAY	Making a Children's Book - materials vocabulary artwork	Start making one	
TUESDAY	Preschool		
WEDNESDAY	Preschool		
THURSDAY	Preschool		
FRIDAY	Community Placement II		

Week 8
Mar. 11-15

Grade or Class Child Care I

	Period 1	Period 2	Assignment
MONDAY	Speaker: Hearing Impaired- Using the Auditory Trainer, audiometer	Test high school students' hearing.	
TUESDAY	PRESCHOOL		
WEDNESDAY	PRESCHOOL		
THURSDAY	PRESCHOOL		
FRIDAY	Cup Cooking/ Cooking with kids	Try making something	

Week 8
3/11-15

Grade or Class Child Care II

	Period 1	Period 2	Assignment
MONDAY	Speaker: Hearing problems of young children Using the auditory trainer	audiometer- test students' hearing	
TUESDAY	Preschool		
WEDNESDAY	Preschool		
THURSDAY	Preschool		
FRIDAY	Community Placement II		

Week 9
Mar. 18-22

Grade or Class Child Care I

	Period 1	Period 2	Assignment
MONDAY	Review Plans for the Week	[illegible] [illegible] Head Start- Day Care	
TUESDAY	PRESCHOOL		
WEDNESDAY	PRESCHOOL		
THURSDAY	PRESCHOOL		
FRIDAY	Learning Handicaps Mental Retardation Learning Disabilities	Make multi-sensory game.	

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Week 9
3/18-22

Grade or Class Child Care II

	Period 1	Period 2	Assignment
MONDAY	Review Emergency Procedures Accident Illness Disaster Report Forms	Licensing Board Spokesman	
TUESDAY	Preschool		
WEDNESDAY	Preschool		
THURSDAY	Preschool		
FRIDAY	Community Placement II		

Week 10
Mar. 25-29

Grade or Class Child Care I

	Period 1	Period 2	Assignment
MONDAY	Social studies field trips	Go over plans for the week	Make a list of appropriate field trips and why you'd take them
TUESDAY	PRESCHOOL		
WEDNESDAY	PRESCHOOL		
THURSDAY	PRESCHOOL		
FRIDAY	Work Day Complete Learning Materials	Share what we've made	

April 1-5 Spring Holiday

Week 10
3/25-29

Grade or Class Child Care II

	Period 1	Period 2	Assignment
MONDAY	Working w/ Parents Conferences Teaching materials Expectations	Computers in the Preschool	
TUESDAY	Preschool		
WEDNESDAY	Preschool		
THURSDAY	Preschool		
FRIDAY	Community Placement II		

Week 11
Apr 8-12

Grade or Class _Child Care I_

	Period 1	Period 2	Assignment
MONDAY	Visually Handicapped Speaker. Orientation & Mobility	Make materials Review Plans for the week	
TUESDAY	PRE SCHOOL		
WEDNESDAY	PRE SCHOOL		
THURSDAY	PRE SCHOOL		
FRIDAY	Child Care Workshop (Field Trip)		

Week 11
4/8-12

Grade or Class _Child Care II_

	Period 1	Period 2	Assignment
MONDAY	Review on Handicaps Vision Check	Make Materials	
TUESDAY	Preschool		
WEDNESDAY	Preschool		
THURSDAY	Preschool		
FRIDAY	Community Placement		

Week 12
Apr. 15-19

Grade or Class Child Care I

	Period 1	Period 2	Assignment
MONDAY	Screening (Concept) Screening Instrument ([illegible])	Practice Review Plans for the Week	Practice w/ Screening Instrument
TUESDAY	PRESCHOOL		
WEDNESDAY	PRESCHOOL		
THURSDAY	PRESCHOOL		
FRIDAY	Folder Games purpose uses	Folder Games (make)	

End of 2nd 6 weeks grading period

Week 12
4/15-19

Grade or Class Child Care II

	Period 1	Period 2	Assignment
MONDAY	Review Screening Introduce to new screening tests Review evaluation		
TUESDAY	Preschool		
WEDNESDAY	Preschool		
THURSDAY	Preschool		
FRIDAY	Community Placement		

End of 2nd 6wks grading period

Grade or Class _ Child Care I

Week 13
Apr. 22-26

	Period 1	Period 2	Assignment
MONDAY	Discuss observation of Children/ Case studies	Review Screening Go over plans for the week	Do case-study/ observation of one child
TUESDAY	PRESCHOOL		
WEDNESDAY	PRESCHOOL		
THURSDAY	PRESCHOOL		
FRIDAY	PROFESSIONAL MEETING DAY		

Grade or Class _ Child Care II

Week 13
4/22-26

	Period 1	Period 2	Assignment
MONDAY	Placement Teams / IEPs		
TUESDAY	Preschool		
WEDNESDAY	Preschool		
THURSDAY	Preschool		
FRIDAY	Professional Meeting Day (No School)		

Grade or Class _ Child Care I ___________ Week 14 Apr 29-May 3

	Period 1	Period 2	Assignment
MONDAY	Careers in Child Care and Related Areas	Review plans for the week.	
TUESDAY	PRESCHOOL		
WEDNESDAY	PRESCHOOL		
THURSDAY	PRESCHOOL		
FRIDAY	Speaker from Family Services		

Grade or Class _ Child Care II ___________ Week 14 4/29-5/3

	Period 1	Period 2	Assignment
MONDAY	Field Trip: Montessori School		
TUESDAY	Preschool		
WEDNESDAY	Preschool		
THURSDAY	Preschool		
FRIDAY	Community Placement III		

Week 15
May 6-10

Grade or Class Child Care I

	Period 1	Period 2	Assignment
MONDAY	Deceased Speaker Review plans for the week	Care of the Elderly	
TUESDAY	PRESCHOOL		
WEDNESDAY	PRESCHOOL		
THURSDAY	PRESCHOOL		
FRIDAY	Field Trip: A Nursing Home		

Week 15
5/6-10

Grade or Class Child Care II

	Period 1	Period 2	Assignment
MONDAY	Visit Preschool for Gifted (Gifted Lecture there)		
TUESDAY	Preschool		
WEDNESDAY	Preschool		
THURSDAY	Preschool		
FRIDAY	Community Placement III		

Week 16
Grade or Class Child Care I May 13-16

	Period 1	Period 2	Assignment
MONDAY	Review plans for the week	"School Age Child Care." Speaker - Latchkey	
TUESDAY	PRESCHOOL		
WEDNESDAY	PRESCHOOL		
THURSDAY	PRESCHOOL		
FRIDAY	Adult Day Care →	Review Plans for Nest week	

Week 16.
Grade or Class Child Care II 5/13-17

	Period 1	Period 2	Assignment
MONDAY	School Age Child	Latchkey Services	
TUESDAY	Preschool		
WEDNESDAY	Preschool		
THURSDAY	Preschool		
FRIDAY	Community Placement III		

Week 17
May 20-24

Grade or Class Child Care I

	Period 1	Period 2	Assignment
MONDAY	Day Care Homes - Licensing Board Specialty Programs: Project Play Pen Therapeutic Day Care		
TUESDAY	PRESCHOOL		
WEDNESDAY	PRESCHOOL		
THURSDAY	PRESCHOOL (picnic)		
FRIDAY	ARC Program - Visit preschool & adult programs		

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Week 17
5/20-24.

Grade or Class Child Care II

	Period 1	Period 2	Assignment
MONDAY	Evaluations of Placements Comparisons		
TUESDAY	Preschool		
WEDNESDAY	Preschool		
THURSDAY	Preschool		
FRIDAY	Community Placement III		

Week 18
May 27-31

Grade or Class Child Care I

	Period 1	Period 2	Assignment
MONDAY	— MEMORIAL DAY —		
TUESDAY	Review	Clean Up/ Inventory	
WEDNESDAY	Review	Clean Up/ Inventory	
THURSDAY	Review	Clean Up/ Inventory	Notebooks due
FRIDAY	FINAL EXAMS START		

Week 18
5/27-31

Grade or Class Child Care II

	Period 1	Period 2	Assignment
MONDAY	Memorial Day (No School)		
TUESDAY	Review	Clean Up/ Inventory	
WEDNESDAY	Review	Clean Up/ Inventory	
THURSDAY	Review	Clean Up/ Inventory	
FRIDAY	FINAL EXAMS START		

APPENDIX C

SAMPLE WEEKLY & DAILY TEACHING PLANS

1. Completed Weekly Plan Group A and B
2. Completed Daily Plans Group A
3. Completed Daily Plans Group B

I
B

2nd six weeks

WEEKLY PLAN

Date March 26-28 Theme: Easter

Teachers: Michelle, Ellen, Kim E., Kim H.

TIME	DAILY ACTIVITIES			TUESDAY	WEDNESDAY	THURSDAY
8:35 - 8:55	Self-Choice					
8:55 - 9:10	Opening Exercises: Greetings, Pledge, Calendar, etc. Special Emphasis Discussion Songs Fingerplays Activities			"Bunnies" Easter-op. "Bunnies" Peter Cottontail Puff, Puff, Easter Bunny 5 Little Easter Rabbits Pet egg/Bunny (Eileen's)	"Eggs" Old MacDonald A fat Bunny	"Baskets, Eggs + Bunnies" Who stole eggs from Easter Basket (Cons[illegible]) Hipp. ty-Hop
9:10 - 9:30	Small Group Activities	Table	Red Stars	Bunny Ears + Tails Play-Dough	Dye Eggs	Easter Baskets Cards
		Outside	Blue Stars	Simon Says	Duck, Duck, Rabbit	Bubbles
		Storytime	Yellow Stars	Peter Rabbit Little Bunny Fu Fu Here's a Bunny Matching	Grandmother's Special Eggs Egg Game Old MacDonald	I am a Bunny Pin Tail on Bunny Film - Sean the Bunny
(9:30-9:35	Changing)					
9:35 - 9:55	Small Group Activities	Table	Blue Stars	Bunny Ears + Tails Play-Dough	Dye Eggs	Easter Baskets Cards
		Outside	Yellow Stars	Simon Says	Duck, Duck, Rabbit	Bubbles
		Storytime	Red Stars	Peter Rabbit Bunny Fu Fu Here's a Bunny Matching	Grandmother's Special Eggs Egg Game Old MacDonald	I am a Bunny/ Pin the Tail/ Sean the Bunny
9:55 - 10:10	Snack Time			Carrots, Celery, O. J.	Egg Salad Apple Juice	Oreos Milk
10:10 - 10:20	Quiet Time/Self-Selected Activities (classes change 10:12-10:17)					

II 376. 2nd six weeks
B

WEEKLY PLAN

Date 3/26 - 28 Theme Easter

Teachers: Heather, Roselyn, Maheen, Mady

TIME	DAILY ACTIVITIES			TUESDAY	WEDNESDAY	THURSDAY
10:10 - 10:20	Quiet Time/Self-Selected Activities (classes change 10:12-10:17)			—	—	—
10:20 - 10:40	Large Group Activity	1 day each of: Movement or Drama Cooking Science or Social Studies		Cup Cooking - Egg Salad	Bunny Hop Pin the Tail on the Bunny	Easter Egg Hunt
(10:40 - 10:45 Make Choices)						
10:45 - 11:10	Choice Chart - Individualized Activities					
11:10 - 11:30	Small Group Activities	Table	Yellow Stars	Sponge Paint Bunnies	Dye Eggs Make Baskets	Easter Cards
		Outside	Red Stars	Water Paint	Hop, Hop, Bunny	Bunny Hop
(11:30 - 11:35 Cleanup)		Storytime	Blue Stars	Little Bunny Fu Fu Sean the Bunny (film) Mystery Bag	Matching Egg Flashcards Sequence Cards Egg Book	Tell'n'Draw p. 15 Easter Baskets
11:35 - 11:55	Circle Time	Special Emphasis Discussion Songs Fingerplays Activities		Easter-Bunny I Love You Little Bunny Fu Fu	Eggs Rainbow Song Peter Cottontail	Easter Little Bunny Fu Fu Little Rabbit in the woods
		Closing		Review what they did all day - including in first two periods		
11:55	Dismissal					

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I/B 2nd six weeks

DAILY PLAN

[✓ Tues.] Wed. Thurs.

Theme: Easter

Date: March 26

Teachers: Michelle, Ellen, Kim E., Kim H.

BE SURE TO ATTACH SAMPLES, ETC. AND INDICATE WHO IS TEACHING EACH ACTIVITY.

8:35-8:55 **SELF CHOICE**

8:55-9:10 **CIRCLE TIME**

Ellen, Michelle

Special Emphasis: Bunnies/Easter

Discussion: What bunnies are like. Who's the Easter Bunny

Songs: Peter Cottontail

Fingerplays: Puff, Puff's Easter Bonnet
5 Little Easter Bunnies

Activities:
Pet Ellen's rabbit

9:10-9:30 **SMALL GROUP ACTIVITIES:**

Kim + Kim

Table — Red Stars

1. **Activity:** Bunny Ears + Tails (Cut + Paste) Trace, all shapes
2. **Materials needed:** Gray Ears, Pink insides, headband strips, White Tail shapes, cotton, patterns
3. **Supplementary Activity:** Play Dough + scissors

Playground People

Outside — Blue Stars

Free Play

Activity: Simon Says

Materials needed: None

Michelle
(Ellen-help)

Storytime — Yellow Stars

Opener: Songs. Peter Cottontail, Little Bunny Fu Fu

Story: Peter Rabbit

Language Activity: Matching

Materials needed: Here's a Bunny cards (body parts, activities)

9:35-9:55

Kim + Kim

SMALL GROUP ACTIVITIES: Blue Stars

Table

1. **Activity:** Bunny Ears + Tails (Trace+ Cut tails out, Ears already cut)
2. **Materials Needed:** Gray Ears, Pink insides, head bands, white for tails, cotton, tail pattern
3. **Supplementary Activity:** cut Play Dough

Playground People

Outside Yellow Stars

Free Play:

Activity: Simon Says

Materials Needed: None

Ellen (Michelle-Help)

Storytime Red Stars

Opener: Songs. Peter Cottontail, Little Bunny Fu Fu

Story: Peter Rabbit

Language Activity: Matching / Describe cards

Materials Needed: Here's a Bunny cards

9:55-10:10

Snack

Food: celery, carrots **Drink:** O.J.

Recipes: None (attach copy)

10:10-10:20

Quiet Time

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II
B — 2nd six weeks

DAILY PLAN

[✓ Tues.] Wed. Thurs.

Theme: Easter **Date:** 3/26

Teachers: Heather, Roselyn, Maheen, Mindy

SPECIFIC PLAN: BE SURE TO ATTACH SAMPLES AND INDICATE WHO IS LEADING THE ACTIVITY.

10:10-10:20	Quiet Time
10:20-10:40 ~~Maheen~~	**LARGE GROUP ACTIVITY** (Type): Cooking) Location: Table area Activity: Cup Cooking - make egg salad - see directions Materials: Hard boiled eggs (1 for each) Plastic ~~knives~~ forks, cups, mayonnaise, mustard
(10:40-10:45 Make Choices)	
10:45-11:.0	**CHOICE CHART** Individualized Activities (See attached)
11:10-11:.0 Mindy Maheen	**SMALL GROUP ACTIVITIES:** Yellow Stars Table 1. Activity: Sponge Painting 2. Materials Needed: Sponge bunnies, paint paper 3. Supplementary Activity: none
Playground	Outside Red Stars Free Play Activities: Paint w/ Water Need large brushes, cans w/water
Heather (Roselyn help)	Language Blue Stars Opener: Little Bunny FuFu Story: (film): Sean the Bunny Language Activity: Mystery Bag Materials Needed: stuffed bunny, basket, plastic egg, bag
(11:30-11:35 Clean Up)	

WEEK: Mar. 26-28 **THEME:** Easter

TEACHERS: Michelle, Ellen, Kim E., Kim H.

SNACKS

Tuesday	food:	carrots, celery
	beverage:	O.J.
Wednesday	food:	egg salad
	beverage:	apple juice
Thursday	food:	oreos
	beverage:	milk

BE SURE TO ATTACH RECIPES!

MARKET ORDER

List all ingredients and supplies needed. Indicate amounts needed for 30 children and 15 high school students.

carrots - 2 bunches
celery - 2
O.J. - 3 large cans
eggs - ~~8~~ dozen 9
apple juice - 3 large cans
oreo's - 2 large pkg
milk - 2 gal
egg dye - 3 pkg
mayonnaise - 1 large jar
mustard - 1 jar
dixie cups - 45
bread - 2 loaves

CHOICE CHART ACTIVITIES

Tues (Day) Mar 26 (Date:)

CHART: Maheen

FOLDERS: Roselyn

MONITOR: Heather

Mindy

GAMES:

Candy Land

ART

Color bunny pictures

PUZZLES AND DESIGNS

Parquetry Blocks

OTHER: Homemaking

Put costumes out

OTHER: Blocks + Trucks

oversized blocks +
large trucks

READINESS

Dot-to-Dot
Bunny Pictures
Practice Writing Name
(Tracing Cards

PRE-READINESS

Lacing Cards

11:35-11:55

Roselyn

CIRCLE TIME

Special Emphasis: Easter Bunnies

Discussion: Review Day - train, Talk about Eastr

Songs: Peter Cottontail, I love you - you Love me
Little Rabbit Fu Fu

Fingerplays: —

Activities: Hop Like a bunny

Closing:

Review what they did all day - including the first two periods.

Say Goodbye

Get materials, clothing, notes, etc., to go home.

11:55

DISMISSAL

The forms and handouts to be used with the high school or adult child care class are found in the remaining appendices. The cover sheets for these appendices follow.

Appendix D: WEEKLY AND DAILY PLANNING SHEETS

Appendix E: CHILD CARE I - Student Handouts & Review Sheets

Appendix F: CHILD CARE II - Student Handouts & Review Sheets

Appendix G: HIGH SCHOOL ASSESSMENT MATERIALS

The appendices and materials are in the enclosed, non-punched packet. This has been done to facilitate photocopying of the materials for distribution to the students.

APPENDIX D

WEEKLY AND DAILY PLANNING FORMS

1. Activity Suggestions Sheet
2. Blank Weekly Plan
3. Blank Daily Plan

[illegible] 6/15

APPENDIX E

CHILD CARE I
Student Handouts & Review Sheets

1. INTRODUCTION
   - #1 Meeting the Needs of Families with Handicapped Children
   - #2 Effectiveness of Early Special Education for Handicapped Children
   - #3 The Argument for Early Intervention

2. EMOTIONAL HANDICAPS
   - #4 Emotionally Handicapped
   - #5 Actions/Feelings/Reactions
   - #6 Problem/Solution Role Playing
   - #7 Helping Children Develop a Positive Self-Image
   - #8 Emotionally Handicapped Word Search (#8A Key)
   - #9 Emotional Handicaps Follow-up Review (#9A Key)

3. SPEECH AND LANGUAGE
   - #10 Speech and Language Impaired
   - #11 Indicators of Need for Evaluation
   - #12 Kinds of Puppets
   - #13 Systematic Questioning (ERIN)
   - #14 Speech and Language Crossword (#14A)
   - #15 Speech and Language Questions (#15A)

4. LEARNING HANDICAPS
   - #16 Mental Retardation
   - #17 Specific Learning Disabilities
   - #18 M.R. Crossword (#18A Key)
   - #19 Learning Handicaps Review (#19A Key)

5. PHYSICAL AND HEALTH HANDICAPS	#20	Physically Impaired
	#21	Medical and Physical Problems
	#22	Orthopedic Aids
	#23	Medical and Physical Problems Word Search (#23A Key)
	#24	Physical and Health Handicaps ~~Review~~ (#24A Key)
6. VISUAL HANDICAPS	#25	Visually Impaired
	#26	Braille
	#27	V.I. Word Scramble (#27A Key)
	#28	Visually Impaired Review (#28A Key)
7. HEARING IMPAIRMENTS	#29	Hearing Impaired and Deaf
	#30	Care of Hearing Aid
	#31	Finger Spelling
	#32	Listening Games
	#33	Storytelling Evaluation
	#34	General Suggestions Puzzle (#34A Key)
	#35	Review for Hearing Impaired (#35A Key)
8. SCREENING AND OBSERVATION	#36	Screening Guidelines Sample Preschool Screening System Response Sheet (ERIN)
	#37	Sample Observations
	#38	Word Search for Screening
9. REVIEW - CHILD CARE I	#39	Activity Sheet
	#40	Situations
	#41	Crossword Puzzle Review (#41 Key)
	#42	Matching Review (#42A Key)

APPENDIX F

CHILD CARE II
Student Handouts & Review Sheets

1. DEVELOPMENTAL DISABILITIES	#43 Developmental Disabilities #44 Development Disabilities Hidden Meaning (#44A Key) #45 Review Questions on Development (#45A Key)
2. GIFTED CHILDREN	#46 Gifted Children #47 Be Creative! #48 Curriculum and Activities for Gifted Children #49 Gifted Word Search (#49A Key) #50 Gifted Review (#50A Key)
3. SCREENING AND EVALUATION	#51 Human Service Professionals #52 Screening and Evaluation Crossword Puzzle #53 Screening and Evaluation Review
4. PLACEMENT TEAMS AND IEPs	#54 Child Care Teacher Guidelines/Facilitator #55 Case Study Description of Child #56 School Psychologist Report #57 Occupational Therapist Report #58 Physical Therapist Report #59 Speech Therapist Report #60 Preschool Teacher's Report #61 Special Education Teacher's Report #62 Parent Description #63 IEP Information #64 Blank IEP #65 Screening Form #66 Placement Review
5. REVIEW - CHILD CARE II	#67 Teaching Handicapped Children in the Mainstreamed Settings #68 Handicapped Preschoolers #69 Mystery Word (#69A Key) #70 Word Search Review (#70A Key)

APPENDIX G

HIGH SCHOOL ASSESSMENT MATERIALS

1. Weekly Self-Evaluation of Laboratory Experience
2. Pre/Posttest of Knowledge
3. Attitude Assessment
4. Open-ended Evaluation